

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Sacramento City Unified School DistrictAddress: 520 Capital Mall6th Floor, Box 8

Sacramento
City

CA
State

Sacramento
County

95814 - 4704
ZIP Code + 4

2. Applicant's D-U-N-S Number 0606971093. Applicant's T-I-N 94-60024914. Catalog of Federal Domestic Assistance #: 84.184BTitle: Mentoring Programs [OESE]5. Project Director: Michele HobzaAddress: 520 Capital MallEighth Floor, Box 63 CA 95814 4704

City State Zip code + 4

Tel. #: (916) 264 - 3118 Fax #: (916) 264 - 3206E-Mail Address: MICHELEH.CO.PO.SCUSD@sac-city.k12.ca.us

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 07 / 01 /2002

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372.

 Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 /2002 09 / 30 /2005
Start Date: End Date:

Estimated Funding

14a. Federal \$ 600,000.00b. Applicant \$ 632,370.00c. State \$ 0.00d. Local \$ 0.00e. Other \$ 0.00f. Program Income \$ 0.00g. TOTAL \$ 1,232,370.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

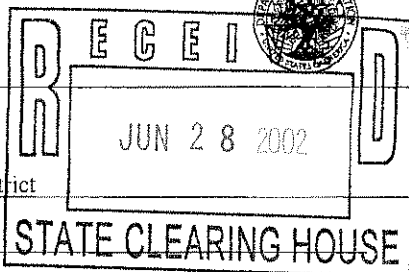
and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Jim Sweeneyb. Title: Superintendentc. Tel. #: (916) 264 - 4000 Fax #: (916) 264 - 4013d. E-Mail Address: JimSw@sac-city.k12.ca.us

e. Signature of Authorized Representative


Date: 6 / 28 / 2002

Organizational Unit

Community Health and Human
Services

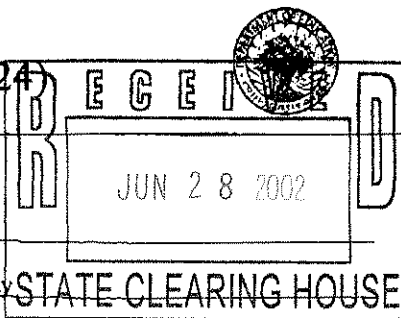
Application for Federal Education Assistance (ED 424)

J.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Berkeley Unified School DistrictAddress: 2134 Martin Luther King Jr. Way

Organizational Unit

Berkeley
City

CA
State

Alameda
County

94704
ZIP Code + 4

2. Applicant's D-U-N-S Number 071168181113. Applicant's T-I-N 941600211134. Catalog of Federal Domestic Assistance #: 84184BTitle: Mentoring Programs5. Project Director: Kirk Hewett, Willard Community CollaborativeAddress: Willard Middle School, 2425 Stuart St.,

Berkeley CA 94705
City State Zip code + 4
Tel. #: (510) 644 - 6228 Fax #: (510) 548 - 4219

E-Mail Address: khewett@baer.org6. Novice Applicant XX Yes No7. Is the applicant delinquent on any Federal debt? Yes XX No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) [F]

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

Application Information

9. Type of Submission:

PreApplication Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 7 / 1 / 2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.11. Proposed Project Dates: 10 / 1 / 2002 9 / 30 / 2005
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

X Yes (Go to 12a.) No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

X Yes (Provide Exemption(s) #): 3 No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Willard Middle School Mentor Program

Estimated Funding

14a. Federal \$ 165,282 .00
b. Applicant \$ 89,290 .00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 254,572 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Michelle Lawrenceb. Title: Superintendentc. Tel. #: (510) 644 - 6147 Fax #: (510) 540 - 5338d. E-Mail Address: mlawrence@busd.k12.ca.us

e. Signature of Authorized Representative

Christine Ann Assoc. Supt.Date: 6 / 28 / 2002

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Imani Phi Christ Sorority, Inc.

Address: 4408 Presidio Drive Suite 15

Organizational Unit

City Los Angeles

State CA

County Los Angeles

ZIP Code 90008 - 4840

2. Applicant's D-U-N-S Number

1 1 2 7 6 3 1 6 9

3. Applicant's T-I-N

0 1 - 0 6 5 0 4 8 3

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

5. Project Director: Nicole Roberts, MSW

Address: see above

City

State

ZIP Code + 4

Tel. #: (323) 969-4034

Fax #: (323) 296-1811

E-Mail Address: ImaniPhiChrist@aol.com

6. Novice Applicant

☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

☐ Construction

☐ Non-Construction

—Application

☐ Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review):

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☒ No (Provide Assurance #): None

13. Descriptive Title of Applicant's Project:

Imani Phi Christ Sorority, Inc. is a faith based mentoring, training and community service organization for young girls ages 12 - 20.

11. Proposed Project Dates:

Start Date: 10/1/2002

End Date: 9/30/2005

Estimated Funding

14a. Federal	\$	72,935.00
b. Applicant	\$	40,148.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	113,083.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Nicole Roberts, MSW

b. Title

Executive Director

c. Tel. #: (323) 969-4034

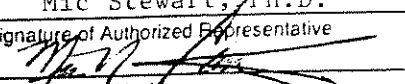
Fax #: (323) 296-1811

d. E-Mail Address: ImaniPhiChrist@aol.com

e. Signature of Authorized Representative

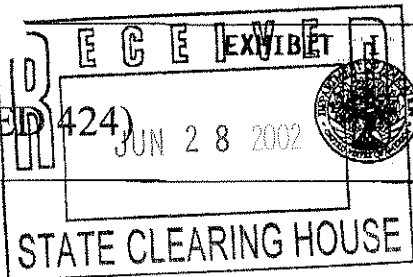
Date: 6/28/02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/28/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: Metropolitan Water District of Southern California (Dr. Sun Liang) Address (give city, county, State, and zip code): P.O. Box 54153 Los Angeles, CA 90054-0153		Organizational Unit: Water System Operations/ Water Quality Name and telephone number of person to be contacted on matters involving this application (give area code): PI Dr. Sun Liang (909) 392-5273 Admin. Contact: Lynn Kelemen (909) 392-5396	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002071		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED JUN 28 2002 STATE CLEARING HOUSE</div>		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Desalination Research and Innovation Partnership TITLE: Innovation Partnership 66-606		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Desalination Research and Innovation Partnership - II	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California			
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: David Dreier, 28th Congressional District, California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,838,597	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/28/02	
b. Applicant	\$ 632,438	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$ 1,441,949		
f. Program Income	\$		
g. TOTAL	\$ 3,912,984		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mic Stewart, Ph.D.		b. Title Water Quality Section Mgr.	
c. Telephone Number (213) 217-5696		e. Date Signed 6/27/02	
d. Signature of Authorized Representative 			

8/27/02

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: City of Pico Rivera

Address: City of Pico Rivera, Department of Recreation and Community Services

P.O. Box 1016

Pico Rivera
City

CA
State

Los Angeles
County

90660-1016
ZIP Code + 4

2. Applicant's D-U-N-S Number 1071063171211

3. Applicant's T-I-N 915 - 61010601319

4. Catalog of Federal Domestic Assistance #: 84.11814

Title: Pico Rivera Mentor Program

5. Project Director: Scott Wasserman

Address: P. O. Box 1016

Pico Rivera CA 90660-1016
City State Zip code + 4

Tel. #: (562) 801-4438 Fax #: (562) 801-0671

E-Mail Address: swasserman@pico-rivera.org

Organizational Unit

Department of Recreation and Commu-
nity Services

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) B

- | | |
|----------------------|---|
| A - State | F - Independent School District |
| B - Local | G - Public College or University |
| C - Special District | H - Private, Non-profit College or University |
| D - Indian Tribe | I - Non-profit Organization |
| E - Individual | J - Private, Profit-Making Organization |

K - Other (Specify): _____

Application Information

9. Type of Submission:

<u>-PreApplication</u>	<u>-Application</u>
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 07/02/2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 01/05/03

Start Date:

01/05/06

End Date:

12. Are any research activities involving human subjects planned at
any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

☐ Yes (Provide Exemption(s) #): _____

☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Pico Rivera Mentor Program

Estimated Funding

14a. Federal \$ 124,800.00

b. Applicant \$ 31,660.00

c. State \$ 0.00

d. Local \$ 0.00

e. Other \$ 0.00

f. Program Income \$ 0.00

g. TOTAL \$ 156,460.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Gregory Salcido

b. Title: Mayor, City of Pico Rivera

c. Tel. #: (562) 801-4371 Fax #: (562) 949-7506

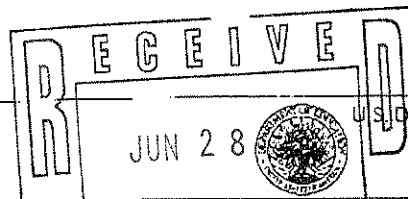
d. E-Mail Address: gsalcido@pico-rivera.org

e. Signature of Authorized Representative

Date: 6/8/02

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Saddleback Valley Unified School District

Address: 25631 Peter A. Hartman Way
Mission Viejo, California 92691

City

State

Orange
County

(949) 586-1234
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 8 5 5 8 9 1 4 1

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 9 5 2 8 2 3 5 9 6

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B
Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Carol Lerman
S.V.U.S.D.
Address: 25631 Peter A. Hartman Way
Mission Viejo CA 92691
City State ZIP Code + 4

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

Tel. #: (949) 580-3222 Fax #: (949) 454-1711

E-Mail Address: lerman@svusd.k12.ca.us

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 6/27/02

☐ No (If "No," check appropriate box below)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Saddleback Valley Unified School District
Mentoring Connection

11. Proposed Project Dates: Start Date: Fall 2002 End Date: Summer 2005

Estimated Funding

14a. Federal	\$ 189,000	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
1 Year		
g. TOTAL	\$ 189,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Jerry C. Gross

b. Title

Superintendent

c. Tel. #: (949) 586-1234

Fax #: (949) 951-0994

d. E-Mail Address: grossj@svusd.k12.ca.us

Jerry C. Gross

e. Signature of Authorized Representative

Date: 6/25/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Redwood Community Action Agency

Address: 904 G St.

City: Eureka,

Ca.
StateHumboldt
County95501 - 1829
ZIP Code + 4

2. Applicant's D-U-N-S Number | 1 | 2 | 0 | 8 | 0 | 3 | 8 | 5 | 3 |

3. Applicant's T-I-N | 9 | 4 | 1 | 2 | 6 | 4 | 6 | 3 | 7 | 0 |

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Mentoring Programs, Department of Education, Office of

Elementary and Secondary Education, Safe and Drug-Free Schools Programs

5. Project Director: Lorey Keele

Address: 904 G St.

City: Eureka

Ca.
State95501
Zip code + 4

Tel. #: (707) 269-2052 Fax #: (707) 445-0884

E-Mail Address: mentor@rcaa.org

Application Information

9. Type of Submission:

☐ Pre-Application
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 06 / 28 / 02

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 02 09 / 30 / 05

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 200,000 .00
 b. Applicant \$.00
 c. State \$.00
 d. Local \$.00
 e. Other \$.00
 f. Program Income \$.00
 g. TOTAL \$ 200,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kermit Thobaben, LCSW

b. Title: Acting Executive Director

c. Tel. #: (707) 269-2021 Fax #: (707) 445-0884

d. E-Mail Address: planning@rcaa.org

e. Signature of Authorized Representative



Date: 06 / 24 / 02

Organizational Unit

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) | 1 |

A - State
 B - Local
 C - Special District
 D - Indian Tribe
 E - Individual
 F - Independent School District
 G - Public College or University
 H - Private, Non-profit College or University
 I - Non-profit Organization
 J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

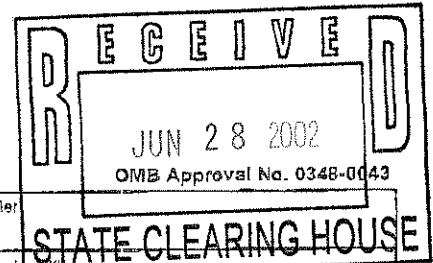
12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

The Northcoast Mentor Program is a collaborative within which partners have shared goals and objectives. See attachment.



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/27/2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: Vista Community Clinic	Organizational Unit: Infancia Feliz
Address (give city, county, state, and zip code): 1000 Vale Terrace Vista, CA 92084	Name and telephone number of the person to be contacted on matters involving this application (give area code): Barbara Mannino, Executive Director (760) 631-5000 x4
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2815616	7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Non-Profit
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):	9. NAME OF FEDERAL AGENCY: Brenda Doroski, EPA, Indoor Air, (202)564-9764
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hogares Sanos/Healthy Homes: Community Based In-Home Environmental Education and Management
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): North San Diego County cities of Vista and Oceanside	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 01/01/2003	Ending Date 12/31/2004	a. Applicant Congressional District 48	b. Project Congressional District 48

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/27/2002	
b. Applicant	\$ 25,942.00	b. NO: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 175,942.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Barbara Mannino	b. Title Executive Director	c. Telephone number (760) 631-5000
d. Signature of Authorized Representative 		e. Date Signed 06/27/2002

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0340-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 26, 2002		Applicant Identifier
3. DATE RECEIVED BY STATE		3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-51-R

RECEIVED
 JUN 28 2002
STATE CLEARING HOUSE

5. APPLICANT INFORMATION	
Legal Name: STATE OF CALIFORNIA	Organizational Unit: Department of Fish and Game
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814	Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	7. TYPE OF APPLICANT: (enter appropriate letter: A):
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): E	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): Revisions in several projects; addition of new projects/jobs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act	9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inland & Anadromous Sport Fish Mgmt. & Research Project. Amendment #34 revises Projects 6, 13, 27, 32 and adds new Projects 33 & 34 -- for FY 2001/02. No changes in 5-year proposed funding.
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 07/01/98 Ending Date: 06/30/03	a. Applicant: 3 b. Project: Statewide
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal: \$0	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: June 28, 2002
b. Applicant	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State: \$0	
d. Local	
e. Other	
f. Program Income	
g. TOTAL: \$0	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? Yes <input type="checkbox"/> If "Yes", attach an explanation <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Michael F. Harris	b. Title: Deputy Director, Admin.
c. Telephone Number (916) 653-4633	d. Signature of Authorized Representative <i>Daiane Hardy</i>
e. Date Signed 6/27/02	Approved for the Secretary of the Interior Signature: _____ Title: _____ Date: _____

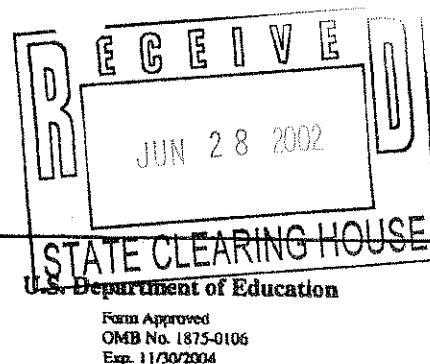
Previous Editions Not Usable

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Standard Form 424 (REV 4-89)

Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)



Applicant Information

1. Name and Address

Legal Name: Fresno Unified School District

Address: 2309 Tulare Street

Organizational Unit

Fresno
City

CA
State

Fresno
County

93721 - 2287
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 7 7 3 7 7 8 3 6

3. Applicant's T-I-N 9 4 - 6 0 0 2 2 0 6

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs

6. Novice Applicant Yes ☒ No

7. Is the applicant delinquent on any Federal debt? Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) H ☒ F

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify)

5. Project Director: Linda Furnas

Address: 1833 E. Street

Fresno CA 93706
City State Zip code + 4
Tel. #: (559) 457 - 3186 Fax #: (559) 457 - 3179

E-Mail Address: ljfurna@fresno.k12.ca.us

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): / /

☒ No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2002 9 / 30 / 2005
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

High School Mentoring Program

Estimated Funding

14a. Federal \$ 200,000 .00
b. Applicant \$.00
c. State \$.00
d. Local \$ 68,701 .00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 268,701 .00
~~268,000~~

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Santiago V. Wood, Ed.D.

b. Title: Superintendent

c. Tel. #: (559) 457 - 3882 Fax #: (559) 457 - 3786

d. E-Mail Address: svwood@fresno.k12.ca.us

e. Signature of Authorized Representative

Date: 6/26/02

STATE CLEARING HOUSE	
1. DATE SUBMITTED	6-27-02
2. DATE RECEIVED BY STATE	
3. DATE RECEIVED BY FEDERAL AGENCY	
Applicant Identifier	
State Application Identifier	28 JUN 2002
Federal Identifier	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

Application



Construction



Non-Construction

Preapplication



Construction



Non-Construction

5. APPLICANT INFORMATION

Legal Name: Fresno Community Hospital & Medical CenterDBA University Medical Center

Address (give city, county, state, and zip code):

P.O. BOX 1232
FRESNO, CA 93715

Organizational Unit:

Asthma Education and Management Program

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Kimberley Kitlowski (559) 459-6049

6. EMPLOYER IDENTIFICATION (EIN):

94 1156276

8. TYPE OF APPLICATION:



New



Continuation



Revision

If Revision, enter appropriate letter(s) in box(es):

--	--

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other Specify:

7. TYPE OF APPLICANT: (enter appropriate letter here)

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School District

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify):

Non-Profit

9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency,
Indoor Environments Division

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66 606

TITLE:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Fresno County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

"Asthma Away" is a project to provide in-home assessment, education and medical management to children 0-18 years of age, and their families; and to promote community awareness of in-home asthma triggers.

13. PROPOSED PROJECT:

Start Date

10-15-02

End Date

9-30-04

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:

US Congressional District 19

b. Project:

US Congressional Districts 19 & 20

15. Estimated Funding:

a. Federal

\$ 149,583

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$ 149,583

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSES?

a. YES THE PREAPPLICATION WAS MADE AVAILABLE TO THE STATE

EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:

DATE 6-27-02b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes" attach an explanation.☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative:

John Zeleny

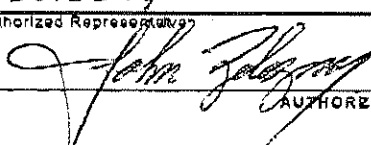
b. Title:

Senior Vice President, Communications

c. Telephone Number

559-459-2496

d. Signature of Authorized Representative:



e. Date Signed

6-26-02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

STATE CLEARING HOUSE
 OMB Approval No. 0348-0043
 JUN 28 2002

5. APPLICANT INFORMATION	
Legal Name: INSTITUTE FOR FISHERIES RESOURCES	Organizational Unit:
Address (give city, county, State, and zip code): PO Box 29196 SAN FRANCISCO, CA 94129	Name and telephone number of person to be contacted on matters involving this application (give area code): WILLIAM F. GRADER t: 415. 561 3474 fish4ifr@aol.com f: 415. 561. 5464
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3176524	7. TYPE OF APPLICANT: (enter appropriate letter in box)
8. TYPE OF APPLICATION:	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NONPROFIT</u>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: NOAA - FISHERIES
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 111-443 TITLE: HABITAT RESTORATION	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RESTORING THE SAN FRANCISCO BAY
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SAN FRANCISCO BAY, CA	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 1/1/03 Ending Date: 1/1/06 Applicant: DISTRICT 8	b. Project: DISTRICT 8
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 331,515.00 b. Applicant \$ 0.00 c. State \$ 0.00 d. Local \$ 0.00 e. Other \$ 331,515.00 f. Program Income \$ 0.00 g. TOTAL \$ 663,030.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/27/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative WILLIAM F. GRADER	b. Title EXECUTIVE DIRECTOR
c. Telephone Number 415. 561. 3474	d. Signature of Authorized Representative Wt. Lake Grader
e. Date Signed 6/26/02	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: P. F. Bresee FoundationAddress: 184 South Bimini PlaceLos Angeles

City

State

Los Angeles County
County90004 - 5903
ZIP Code + 42. Applicant's D-U-N-S Number 7 9 8 1 6 3 8 3 83. Applicant's T-I-N 9 5 1 3 7 9 7 3 6 34. Catalog of Federal Domestic Assistance #: 84

Title: _____

5. Project Director: Amy Parsons, Grants AssociateAddress 184 South Bimini PlaceLos Angeles

City

CA

State

90004

Zip code + 4

Tel. #: (213) 387-2822 x 167Fax #: (213) 385-8482E-Mail Address: aparsons@bresee.org

Application Information

9. Type of Submission:

-PreApplication-ApplicationConstructionConstructionNon-ConstructionX Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 06 / 27 / 2002No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.Program has not been selected by State for review.11. Proposed Project Dates: 01 / 01 / 2003 12 / 31 / 2005

Start Date:

End Date:

Estimated Funding

(estimated 3 years funding cycle)

14a. Federal \$ 200,000 . 00b. Applicant \$ 1,940,000 . 00c. State \$ 180,000 . 00d. Local \$ 1,830,000 . 00e. Other \$ 750,000 . 00f. Program Income \$ 90,000 . 00g. TOTAL \$ 4,990,000 . 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Rev. Jeff Carrb. Title: Executive Directorc. Tel. #: (213) 387-2822 Fax #: (213) 385-8482d. E-Mail Address: jcarr@bresee.org

e. Signature of Authorized Representative

Date: 6 / 27 / 02

Organizational Unit

6. Novice Applicant X Yes No7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

F - Independent School District

G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify): _____

12. Are any research activities involving human subjects planned at any time during the proposed project period?

 Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

 Yes (Provide Exemption(s) #): _____ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Bresee Youth Mentoring Programs

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>May 28, 2002</u>	Applicant Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: <u>CITY OF SAN DIEGO</u>	Organizational Unit: <u>COMMUNITY AND ECONOMIC DEVELOPMENT</u>
Address (give city, county, state, and zip code): <u>202 C Street</u> <u>San Diego, CA 92101</u>	Name and telephone number of the person to be contacted on matters involving this application (give area code): <u>Trish Hughes-Raber</u> <u>619-533-7454</u>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>9 5 - 6 0 0 0 7 7 6</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District
If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):

9. NAME OF FEDERAL AGENCY: <u>ECONOMIC DEVELOPMENT ADMINISTRATION</u>	
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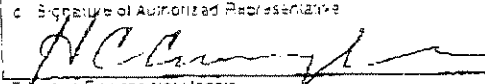
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>1 1 - 3 0 7</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>REVOLVING LOAN FUND</u>
--	---

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <u>Cities of San Diego, Chula Vista, National City, and Imperial Beach</u>

13. PROPOSED PROJECT: Start Date: <u>9/02</u> Ending Date: <u>NA</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>49th CD</u> b. Project: <u>49th CD</u>
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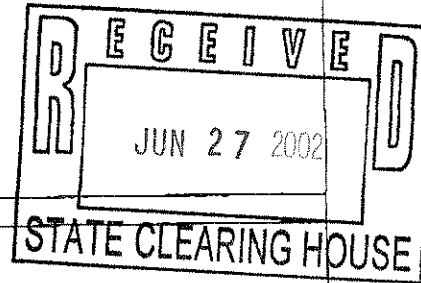
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>1,200,000.</u> .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ <u>1,200,000.</u> .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00		
e. Other	\$.00		
f. Program income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ <u>2,400,000.</u> .00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative <u>HANK CUNNINGHAM</u>	b. Title <u>Community and Economic Development - Director</u>	c. Telephone Number <u>619-276-6550</u>
d. Signature of Authorized Representative 		e. Date Signed <u>5-28-02</u>

Previous Editions Not Usable

Standard Form 424 (REV. 4-88) Prescribed by OMB Circular A-103



Application for Federal Education Assistance (ED 024)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Juma Ventures

Address: 190 Ninth Street

Suite 100

San Francisco

City

JUN 27 2002

Organizational Unit

STATE CLEARING HOUSE

CA

State

San Francisco

County

94103 - 2603

ZIP Code + 4

2. Applicant's D-U-N-S Number

0 1 4 2 6 9 3 9 8

3. Applicant's T-I-N

9 4 - 3 2 0 3 2 0 3

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
- G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

5. Project Director: Muriel O'Connell

Address: Juma Ventures 190 Ninth Street, Suite 100

San Francisco

City

CA

State

94103 - 2603

ZIP Code + 4

Tel. #: (415) 252-0502

Fax #: (415) 252-0940

E-Mail Address: murielo@jumaventures.org

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒

Yes (Date made available to the Executive Order 12372 process for review): 6/21/2002

☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:

10/1/2002

End Date:

9/30/2005

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Work Based Youth Mentoring Program

Estimated Funding

14a. Federal	\$	450,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	317,508.00
f. Program Income	\$	.00
g. TOTAL	\$	767,508.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Diane Flannery, Ph.D.

b. Title

Chief Executive Officer

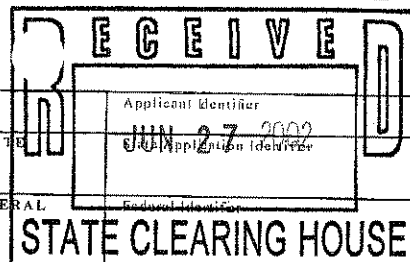
c. Tel. #: (415) 252-0502

Fax #: (415) 252-0940

d. E-Mail Address: dianef@jumaventures.org

e. Signature of Authorized Representative

Date: 6/26/2002



APPLICATION FOR FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/28/02 3. DATE RECEIVED BY STATE 6/27/02 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier JUN 27 2002 State Application Identifier Federal Identifier
5. APPLICANT INFORMATION Legal Name: <u>American Lung Association of San Diego and Imperial Counties</u> Address (give city, county, state, and zip code): 2750 Fourth Avenue San Diego, CA 92103		Organizational Unit: Name and telephone number of the person to be contacted on matters involving this application (give area code): Lorna Hardin, MPH (619) 297-3901 x118	
6. EMPLOYER IDENTIFICATION (EIN): 9 5 1 6 4 4 6 2 7		7. TYPE OF APPLICANT: (enter appropriate letter here) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Voluntary health agency/non-profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: Brenda Doroski U.S. Environmental Protection Agency (202) 564-9764	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 6 0 6 TITLE: 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Cities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Diego Childhood Asthma Initiative	
13. PROPOSED PROJECT: Start Date: 11/30/2002 End Date: 05/29/2004		14. CONGRESSIONAL DISTRICT OF: a. Applicant: Susan Davis b. Project: Susan Davis Bob Filner	
15. Estimated Funding: \$150,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON. DATE 6/27/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$150,000.00 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$150,000.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Janie Davis		b. Title: President/CEO	
d. Signature of Authorized Representative: 		c. Telephone Number: 619-297-3901 e. Date Signed: June 26, 2002	

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Project ID:	CA-90-Y124-00
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2002-2003 FTA Formula Funds

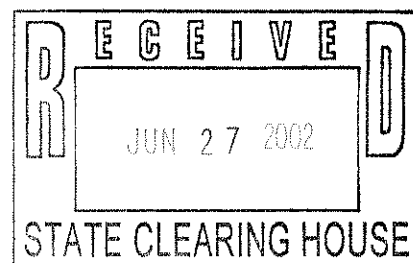
Part 1: Recipient Information

Project Number:	CA-90-Y124-00
Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Address:	949 PRESIDIO AVE ROOM 246, SAN FRANCISCO, CA 94115 0000
Telephone:	(415) 923-6139
Facsimile:	(000) 000-0000

Union Information

Recipient ID:	1697
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave.
Address 2:	
City:	Washington, dc 20016 0000
Contact Name:	James La Sala
Telephone:	
Facsimile:	

Recipient ID:	1697
Union Name:	TRANSPORT WORKERS UNION
Address 1:	80 West End Ave.
Address 2:	



City:	New York, NY 10023 0000
Contact Name:	Frank McCann
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y124-00
Project Description:	FY 2002-2003 FTA Formula Funds
Recipient Type:	City
FTA Project Mgr:	J.D. Turchie/K. Luu
Recipient Contact:	Jerry Levine
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2002 - Dec. 31, 2007
Recvd. By State:	Jun. 27, 2002
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan):	Jul. 01, 2002
Program Page:	
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Gross Project Cost:	\$98,981,677
Adjustment Amt:	\$0
Total Eligible Cost:	\$98,981,677
Total FTA Amt:	\$82,156,753
Total State Amt:	\$0
Total Local Amt:	\$16,824,924
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60060	SAN FRANCISCO-OAKLAND, CA

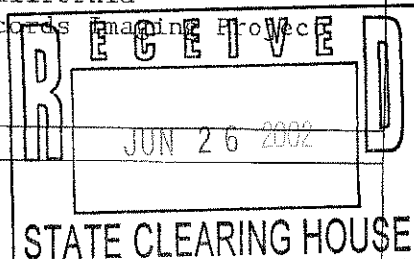
Congressional Districts

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OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application		2. DATE SUBMITTED 6/25/02	Applicant Identifier N/A	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier N/A	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A	
5. APPLICANT INFORMATION				
Legal Name: City of Long Beach			Organizational Unit: Long Beach Police Dept.	
Address (give city, county, state, and zip code): Long Beach Police Department 100 Long Beach Blvd. Long Beach, CA 90802			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Braden Phillips Phone: 5625705830	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000733			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2002 Technology Initiative			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Long Beach, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Long Beach California Police Department Records Imaging Project	
13. PROPOSED PROJECT: Start Date: 7/15/02 Ending Date: 1/15/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 37 and 38 b. Project: 37 and 38		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	781000.00	(a) YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	.00	DATE: 6/25/02	
c. State	\$	.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative Henry Taboada		b. Title City Manager		c. Telephone number 562-570-7150
d. Signature of Authorized Representative Assistant City Manager		APPROVED AS TO FORM 6-17-2002 6.27.02		e. Date Signed



Previous Editions Usable

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Standard Form 424 (REV. 4-92)

Prescribed by OMB Circular A-10

EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.

ROBERT E. SHANNON, City Attorney

By

Charles Parker

CITY ATTORNEY

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION		6/26/02	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 6/26/02	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 6/28/02	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Alameda County		Organizational Unit: Public Health Department	
Address (give city, county, state, and zip code): 1000 Broadway, Suite 500 Oakland, CA 94607		Name and telephone number of the person to be contacted on matters involving this application (give area code): Paul Cummings (510) 577-7082	
6. EMPLOYER IDENTIFICATION (EIN): 9 4 6 0 0 0 5 0 1		7. TYPE OF APPLICANT: (enter appropriate letter here) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 --- 6 0 6 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alameda County Community-Based In-Home Asthma Trigger Assessment, Environmental Education and Management	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda County			
13. PROPOSED PROJECT: Start Date: 11/30/02 End Date: 6/30/04		14. CONGRESSIONAL DISTRICT OF: a. Applicant: Barbara Lee, 9th District (CA) b. Project: Barbara Lee 9th (CA)	
15. Estimated Funding: a. Federal \$149,797 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ 0 g. TOTAL \$149,797		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 6/26/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Anita Siegel		b. Title: Deputy Director	
c. Signature of Authorized Representative: <i>Anita Siegel</i>		c. Telephone Number: (510) 267-8000	
		e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6-26-02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Los Angeles Unified School District	Organizational Unit: District Nursing Services Karen Maiorca, Director
Address (give city, county, State, and zip code): 644 W. 17th Street, #B Los Angeles, CA 90015	Name and telephone number of person to be contacted on matters involving this application (give area code): Karen Maiorca (213) 763-8374
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 1 9 0 8	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	
9. NAME OF FEDERAL AGENCY: Enviromental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 6 0 6 TITLE: In-Home Asthma Education Project	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: In-Home Asthma Enviromental Education & Management
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 12-1-02 Ending Date: 11-30-04	a. Applicant: 30,34,48 b. Project: 30,34,48
15. ESTIMATED FUNDING:	
a. Federal	\$ 150,000
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 150,000
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6-26-02	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Karen Maiorca	b. Title Director
c. Telephone Number (213) 763-8374	d. Signature of Authorized Representative <i>Karen Maiorca</i>
e. Date Signed 6-26-02	

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

06/17/2002

Applicant Identifier

RECEIVED

OMB Approval No. 0845-0043

JUN 26 2002

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Sacramento Urban Indian Health Project, Inc.

Organizational Unit:

Leo Camp Alcohol/Substance Abuse Program

Address (give city, county, state, and zip code):

2020 J Street
Sacramento, CA 95814

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Dale V. Campbell (916)441-0918 phone
(916) 325-9650 fax, email: dcampbell@suihpi.ihs.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-2205602

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐

☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify): Non profit

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

02-005

TITLE: AI/AN-Rural Planning Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

AI/AN Treatment Systems Initiative

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

California, Sacramento County, Yolo County

13. PROPOSED PROJECT:

Start Date

Ending Date

09/02

02/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

CA 3rd District, CA 5th District

CA 3rd District, CA 5th District

15. ESTIMATED FUNDING:

a. Federal	\$	181,500	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	181,500	0.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Dale V. Campbell, MA

b. Title

Executive Director

c. Telephone number

(916) 441-0918

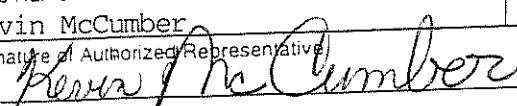
d. Signature of Authorized Representative

Dale V. Campbell

e. Date Signed

06/17/2002

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication: <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/21/2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Rural Community Assistance Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 3120 Freeboard Drive, Suite 201 West Sacramento, Yolo County, CA 95691		Name and telephone number of person to be contacted on matters involving this application (give area code): June Otow, 360/565-8456	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 944 - 2512284		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Nonprofit</u> </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 773 TITLE: Rural Business Opportunity Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Recycling Business Opportunity Workshops	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Milton-Freewater, OR; John Day, OR; Chistochina, AK; Ute Tribe, UT; San Luis, Colorado		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <h2 style="margin: 0;">RECEIVE</h2> <p style="font-size: 1.5em; margin: 5px 0;">JUN 26 2002</p> <h2 style="margin: 0;">STATE CLEARING HOUSE</h2> </div>	
13. PROPOSED PROJECT			
Start Date 10/1/02	Ending Date 9/30/03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant California District 3	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 44,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 44,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>06/21/2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Kevin McCumber		b. Title Chief Financial Officer	c. Telephone Number 916/447-2854
d. Signature of Authorized Representative 		e. Date Signed 6/21/02	

APPLICATION FOR FEDERAL ASSISTANCE

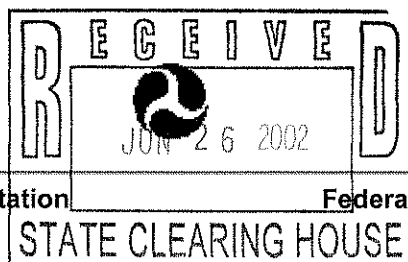
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 25, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
 JUN 26 2002
STATE CLEARING HOUSE

5. APPLICANT INFORMATION																															
Legal Name: Covelo Community Services District	Organizational Unit: Local Special Services District																														
Address (give city, county, state, and zip code): P.O. Box 65 Covelo, CA 95428 Mendocino County, CA	Name and telephone number of the person to be contacted on matters involving this application (give area code): George J. Bennett, District Mngr. 707/983-6888, or; Arnie Herskovic 707/441-8355 SHN Consulting Engineers																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-2155597 </div>																															
7. TYPE OF APPLICANT: (enter appropriate letter in box) G																															
<table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify): _____</td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify): _____																
A. State	H. Independent School Dist.																														
B. County	I. State Controlled Institution of Higher Learning																														
C. Municipal	J. Private University																														
D. Township	K. Indian Tribe																														
E. Interstate	L. Individual																														
F. Intermunicipal	M. Profit Organization																														
G. Special District	N. Other (Specify): _____																														
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____																															
9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Utilities Service																															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-760 </div> TITLE: Water/Wastewater Disposal Loan/Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Covelo CSD proposes a number of waste-water system improvements to correct serious I&I problems, repair and/or replace the line, pumps, design changes to its collection system, repair sags, and correct treatment plant deficiencies.																														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Covelo Community Services District Mendocino County, CA																															
13. PROPOSED PROJECT: <table style="width:100%; font-size: small;"> <tr> <th>Start Date</th> <th>Ending Date</th> </tr> <tr> <td>1/03</td> <td>9/04</td> </tr> </table>	Start Date	Ending Date	1/03	9/04	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; font-size: small;"> <tr> <th>a. Applicant</th> <th>b. Project</th> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>	a. Applicant	b. Project	1	1																						
Start Date	Ending Date																														
1/03	9/04																														
a. Applicant	b. Project																														
1	1																														
15. ESTIMATED FUNDING: <table style="width:100%; font-size: small;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">2,700,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">300,000</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">3,000,000</td> </tr> </table>	a. Federal	\$.00	2,700,000			b. Applicant	\$.00	300,000			c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$.00	3,000,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 25, 2002 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$.00																													
2,700,000																															
b. Applicant	\$.00																													
300,000																															
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f. Program Income	\$.00																													
g. TOTAL	\$.00																													
3,000,000																															
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																															
a. Typed Name of Authorized Representative George J. Bennett	b. Title District Manager																														
c. Telephone number 707/983-6888																															
d. Signature of Authorized Representative 																															
e. Date Signed 6/17/02																															

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

STATE CLEARING HOUSE

Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-03-0543-01
Budget Number:	4 - Budget Pending Approval
Project Information:	Purchase buses - FY00 Sec.5309

Part 1: Recipient Information

Project Number:	CA-03-0543-01
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

638,610. The budgeted ridership for fiscal year 2001 is 17,414,075, a four percent increase over fiscal year 2000. Fixed route operating expense budget for fiscal year 2001 is \$39.8 million, a eleven percent increase over fiscal year 2000 estimated cost of \$35.7 million. The increase in service hours for fiscal year 2001 will allow Foothill Transit to make modifications to existing services, reduce overcrowding, improve on-time performance, and provide additional service expansion through the availability of the purchased buses.

TIP number for bus replacement - LA62401

Foothill Transit has programmed the following funds to pay for this bus procurement:

FY 98/99 Section 5307 Reserve - \$6,138,380

FY 00 Section 5309 Grant - \$1,716,916

FY 00 CMAQ Funds - \$3,403,673

Local Funds (TDA) - \$8,393,237

Total funds - \$19,652,206

Union Information:

1. Amalgamated Transit Union (ATU)

Contact: Mr. James La Sala

5025 Wisconsin Ave. N.W.

Washington D.C., MD 20016-4139

Tel. (202) 537-1645

Fax (202) 244-7824

2. International Brotherhood Teamsters (IBT)

Contact: Mr. James P. Hoffa

25 Louisiana Ave. N.W.

Washington D.C., MD 20001

Tel. (202) 624-6800

Fax (202) 624-8110

3. Transportation Communication Union (TCU)

Contract: Mr. Robert Scardelletti

3 Research Place

Rockville, MD 20850

Tel. (301) 948-4910

Fax (301) 948-1369

4. United Transportation Union (UTU)

Contact: Mr. Bernie Mc Nelis

14600 Detroit Ave.

Cleveland, OH 44107

Tel. (216) 228-9400

Fax (216) 228-5755

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	9	\$1,716,916	\$2,141,509

<u>ACTIVITY</u>			
11.12.01 BUY REPLACEMENT 40-FT BUS. LA62401	9	\$1,716,916	\$2,141,509
Estimated Total Eligible Cost:			\$2,141,509
Federal Share:			\$1,716,916
Local Share:			\$424,593

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

<u>UZA ID</u>	<u>Accounting Classification</u>	<u>FPC</u>	<u>FY</u>	<u>SEC</u>	<u>Previously Approved</u>	<u>Amendment Amount</u>	<u>Total</u>
60020	2000.47.03.31.1	00	2002	03	\$1,624,180	\$0	\$1,624,180
Total Previously Approved:							\$1,624,180
Total Amendment Amount:							\$0
Total from all Funding Sources:							\$1,624,180

Alternative Fuel Codes

11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	Diesel Fuel
----------	------------------------------------	-------------

Extended Budget Descriptions

11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	9	\$1,716,916	\$2,141,509
Eight 40 ft. Heavy-duty low floor Gillig Phantom coaches. Buses will be purchased using an existing option at \$253,778 per bus. Federal share at 80% is \$1,624,180.				

Changes since the Prior Budget

FTA Change Amounts

<u>Code</u>	<u>Description</u>	<u>Previous FTA Total</u>	<u>Change in FTA Total</u>	<u>Current FTA Total</u>

111-00	BUS - ROLLING STOCK	\$1,624,180	\$92,736	\$1,716,916
11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	\$1,624,180	\$92,736	\$1,716,916

Eligible Change Amounts

<u>Code</u>	<u>Description</u>	<u>Previous Eligible</u>	<u>Change in Eligible</u>	<u>Current Eligible</u>
111-00	BUS - ROLLING STOCK	\$2,030,225	\$111,284	\$2,141,509
11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	\$2,030,225	\$111,284	\$2,141,509

Change in Quantity

<u>Code</u>	<u>Description</u>	<u>Previous Quantity</u>	<u>Change in Quantity</u>	<u>Current Quantity</u>
111-00	BUS - ROLLING STOCK	8	1	9
11.12.01	BUY REPLACEMENT 40-FT BUS. LA62401	8	1	9

Change in Project Control Totals

<u>Description</u>	<u>Previous Amount</u>	<u>Change in Amount</u>	<u>Current Amount</u>
Gross Project Cost:	\$2,141,509	\$0	\$2,141,509
Adjustment Amount:	\$0	\$0	\$0
Total Eligible Cost:	\$2,141,509	\$0	\$2,141,509
Total FTA Amount:	\$1,716,916	\$0	\$1,716,916
Total State Amount:	\$0	\$0	\$0
Total Local Amount:	\$424,593	\$0	\$424,593
Other Federal Amount:	\$0	\$0	\$0
Special Condition Amount:	\$0	\$0	\$0

Part 4. Milestones

11.12.01 BUY REPLACEMENT 40-FT BUS. LA62401 9 \$1,716,916 \$2,141,509

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB OUT FOR BID	Dec. 22, 1998
2.	CONTRACT AWARDED	Mar. 25, 1999
3.	FIRST VEHICLE DELIVERED	Feb. 28, 2000
4.	ALL VEHICLES DELIVERED	Oct. 02, 2000
5.	CONTRACT COMPLETE	Oct. 02, 2000

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Big Brothers Big Sisters of Nevada County

Address: P.O. Box 1362 (Physical location at 11745 Maltman Drive)

Grass Valley	CA	Nevada	94955-
City	State	County	ZIP Code + 4

2. Applicant's D-U-N-S Number | 0 | 7 | 3 | 3 | 7 | 7 | 3 | 7 | 1 |

3. Applicant's T-I-N: | 9 | 4 | - | 2 | 7 | 6 | 8 | 8 | 5 | 5 |

4. Catalog of Federal Domestic Assistance #: 84. | 1 | 8 | 4 | B |

Title: Mentoring Programs5. Project Director: Neil Bledsoe, Executive Director

Address: P.O. Box 1362

Grass Valley	CA	Nevada	94955-
City	State	County	ZIP Code + 4

Tel. #: (530) 273-2227 Fax #: (530) 273-4113

E-Mail Address: bbbsofnc@ncsn.net

Application Information

9. Type of Submission:

<input type="checkbox"/> Pre-Application	<input type="checkbox"/> Application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07/01/2002☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.11. Proposed Project Dates: 10/01/2002 9/30/2005

Start Date: End Date:

Estimated Funding

14a. Federal	\$	<u>127,135.00</u>
b. Applicant	\$	<u>102,050.00</u>
c. State	\$	<u>00</u>
d. Local	\$	<u>00</u>
e. Other	\$	<u>32,213.00</u>
f. Program Income	\$	<u>00</u>
g. TOTAL	\$	<u>261,398.00</u>

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

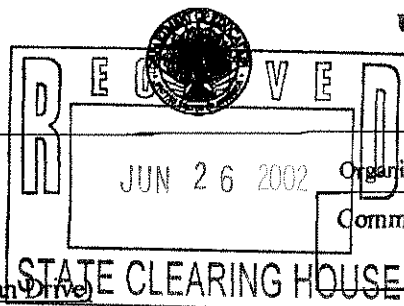
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.) Richard Lawb. Title: President, Board of Directors, Big Brothers/Big Sisters of Nevada County

c. Tel. #: (530) 273-2227 Fax #: (530) 273-4113

d. E-Mail Address: bbbsofnc@ncsn.net

e. Signature of Authorized Representative

Richard LawDate: 6/28/026. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) ☐ J

A - State	F - Independent School District
B - Local	G - Public College or University
C - Special District	H - Private, Non-profit College or University
D - Indian Tribe	I - Non-profit Organization
E - Individual	J - Private, Profit-Making Organization

K - Other (Specify): _____

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): _____☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Mentoring For Success in School

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No. 2501-0015 (exp. 03/31/2005)

1. Type of Submission

☐ Application ☒ Preapplication

2. Date Submitted

3. Date and Time Received by HUD

4. HUD Application Number

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Community Housing Opportunities Corporation

8. Organizational Unit

Development Department

9. Address (give city, county, State, and zip code)

A. Address: 1490 Drew Avenue, Suite 160
B. City: Davis
C. County: Yolo
D. State: CA
E. Zip Code: 95616

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Cindy Heavens
B. Title: Project Manager
C. Phone: 530.757.4444 ext 235
D. Fax: 530.757.4591
E. E-mail: cheavens@chohousing.org

11. Employer Identification Number (EIN) or SSN

68-0038964

12. Type of Applicant (enter appropriate letter in box)

N

A. State I. University or College
B. County J. Indian Tribe
C. Municipal K. TDHE
D. Township L. Individual
E. Interstate M. Profit Organization
F. Intermunicipal N. Non-profit
G. Special District O. Public Housing Authority
H. Independent School District P. Other (Specify)

13. Type of Application

☐ New ☐ Continuation ☒ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration
D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 ---

Title:
Component Title:

16. Descriptive Title of Applicant's Program

Acquisition of an RD 515 Loan with expiring use.

17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.)

City of Woodland

18a. Proposed Program start date

6/1/2002

18b. Proposed Program end date

10/1/2002

19a. Congressional Districts of Applicant

3

19b. Congressional Districts of Program

3

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

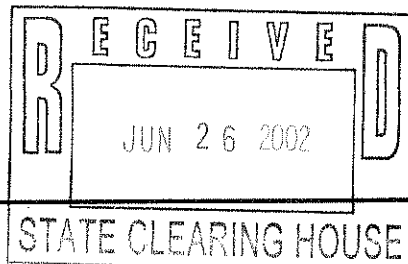
21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☒ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/25/02
B. No ☐ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

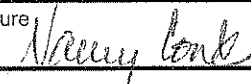
Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
USDA Rural Development 515	903,296				290,000	1,688,192		
Grand Totals	903,296				290,000	1,688,192		

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

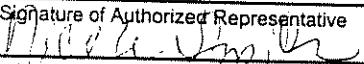
To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature: 		Name (printed)	Nancy Konk
Title		Date (mm/dd/yyyy)	
Executive Director		06/21/2002	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED	
Applicant Identifier	
State Application Identifier	2-5-2002
Federal Identifier	
STATE CLEARING HOUSE	

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED _____	3. DATE RECEIVED BY STATE _____	4. DATE RECEIVED BY FEDERAL AGENCY _____														
5. APPLICANT INFORMATION Legal Name: State of California Address (give city, county, State, and zip code): 1600 K Street, County of Sacramento, California 95814		Organizational Unit: Department of Aging Name and telephone number of person to be contacted on matters involving this application (give area code): Johnna Meyer, Policy Manager (916) 322-0788 AAA-Based Team 3																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6001347		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table border="0"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>			A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.																	
B. County	I. State Controlled Institution of Higher Learning																	
C. Municipal	J. Private University																	
D. Township	K. Indian Tribe																	
E. Interstate	L. Individual																	
F. Intermunicipal	M. Profit Organization																	
G. Special District	N. Other (Specify) _____																	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Employment Training Admin. Washington, DC 20210																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17 - 235 TITLE: Senior Community Service Employment Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Community Service Employment Program will provide subsidized part-time employment opportunities in communities for low-income persons aged 55 and older.																
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (Directory of counties attached)																		
13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 6/30/02		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California b. Project: _____																
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$ 7,600,948.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 1,186,270.00</td> </tr> <tr> <td>c. State</td> <td>\$ 2,022,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 10,809,218.00</td> </tr> </table>		a. Federal	\$ 7,600,948.00	b. Applicant	\$ 1,186,270.00	c. State	\$ 2,022,000.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 10,809,218.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$ 7,600,948.00																	
b. Applicant	\$ 1,186,270.00																	
c. State	\$ 2,022,000.00																	
d. Local	\$.00																	
e. Other	\$.00																	
f. Program Income	\$.00																	
g. TOTAL	\$ 10,809,218.00																	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																		
a. Type Name of Authorized Representative Lynda Terry		b. Title Director		c. Telephone Number (916) 322-5290														
d. Signature of Authorized Representative 		e. Date Signed 6-21-02																

APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 25, 2002	Applicant Identifier W/S Master Plan
3. DATE RECEIVED BY STATE		State Application Identifier STATE CLEARING HOUSE	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City of Hesperia		Organizational Unit: Engineering Department	
Address (give city, county, State, and zip code): 15776 Main Street Hesperia, San Bernardino County, CA 92345		Name and telephone number of person to be contacted on matters involving this application (give area code): Mike Podegracz (760) 947-1438	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0298660		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Surveys, Studies, Investigation and TITLE: Special Purpose Grants 66-606		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Update Water and Sewer Master Plans, with related Financial Plan and Environmental Review	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Hesperia, San Bernardino County, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/30/2001	Ending Date 9/30/2002	a. Applicant 41	
15. ESTIMATED FUNDING:		b. Project 41	
a. Federal \$ 242,500		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant \$		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 24, 2002	
c. State \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$ 11,580		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other \$			
f. Program Income \$			
g. TOTAL \$ 254,080			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Michael P. Podegracz		b. Title Development Services Director	
c. Telephone Number (760) 947-1438		d. Signature of Authorized Representative <i>Michael P. Podegracz</i> Acting City Manager	
e. Date Signed JUNE 21, 2002			

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Application Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICATION INFORMATION															
Legal Name The Regents of the University of California Address (give city, county, state, and zip code) Office of the Vice Chancellor of Research 410 Mrak Hall University of California Davis, California 95616-8671 YOLO COUNTY	Organizational Unit Land, Air and Water Resources Name and telephone number of the person to be contacted on matters involving this application (give area code) <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Administrative Contact Sandra Dowdy (530) 754-6131 </td> <td style="width:50%; vertical-align: top;"> Technical Contact Minghua Zhang (530) 752-4953 </td> </tr> </table>	Administrative Contact Sandra Dowdy (530) 754-6131	Technical Contact Minghua Zhang (530) 752-4953												
Administrative Contact Sandra Dowdy (530) 754-6131	Technical Contact Minghua Zhang (530) 752-4953														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 3 6 4 9 4 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) I <table style="width:100%;"> <tr> <td style="width:50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </td> <td style="width:50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ </td> </tr> </table>	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____												
A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in boxes(es) <table style="width:100%;"> <tr> <td style="width:33%;">A. Increase Award</td> <td style="width:33%;">B. Decrease Award</td> <td style="width:33%;">C. Increase Duration</td> </tr> <tr> <td colspan="3">D. Decrease Duration Other (specify): _____</td> </tr> </table>	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency Region 9								
A. Increase Award	B. Decrease Award	C. Increase Duration													
D. Decrease Duration Other (specify): _____															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 — 6 0 6 </div> TITLE: Surveys, Studies, Investigations and Special Purpose Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: On-Farm Innovation: Identifying farming success of low use of pesticide with PUR data <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 20px;"> <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="margin-top: 10px;">JUN 24 2002</div> </div>														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) San Joaquin Valley	<div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> STATE CLEARING HOUSE </div>														
13. PROPOSED PROJECT: <table style="width:100%;"> <tr> <td style="width:50%;">Start Date 10/01/02</td> <td style="width:50%;">Ending Date 09/31/03</td> </tr> </table>	Start Date 10/01/02	Ending Date 09/31/03	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant 3rd</td> <td style="width:50%;">b. Project</td> </tr> </table>	a. Applicant 3rd	b. Project										
Start Date 10/01/02	Ending Date 09/31/03														
a. Applicant 3rd	b. Project														
15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:80%;">\$ 29,862</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$29,862</td> </tr> </table>	a. Federal	\$ 29,862	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$29,862	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/20/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 29,862														
b. Applicant	\$														
c. State	\$														
d. Local	\$														
e. Other	\$														
f. Program Income	\$														
g. TOTAL	\$29,862														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED															
a. Typed Name of Authorized Representative <i>Sandra Dowdy</i>	b. Title Contracts & Grants Analyst														
c. Telephone number (530) 754-6131															
d. Signature of Authorized Representative <i>Koruse Tuley</i>															
e. Date Signed <u>6/19/02</u>															

Please ensure all questions are answered completely, and typewritten in the spaces below. All documents submitted with the original copy of the application must have original signatures; stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/23/02).

I. General Information

Applicant Organization's Legal Name:

Lompoc Police Department

Applicant Agency ORI Number: CA 0 4 2 0 2

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Application Instructions Manual, page 15.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 3 4

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Application Instruction Manual, page 15.

Federal Congressional District Number(s): 22nd

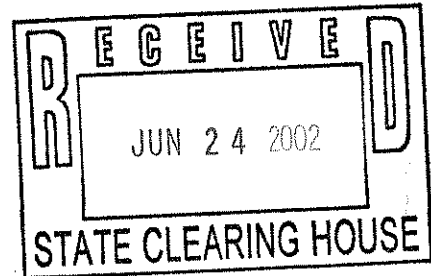
Do not substitute state or local congressional districts.

Are you contracting for law enforcement services? ☐ Yes ☒ No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section below. For further clarification in determining if this applies to your agency, please refer to the Application Instructions Manual, page 15.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

The Lompoc Police Department is not budgeted for hiring
of any additional personnel this budget period. Funds
are not available currently to adequately fund a position
of this type. Grant funding is the only available means
to acquire this position.



II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: William F. Brown, Jr.
Title: Chief of Police Agency Name: Lompoc Police Department
Address: 107 Civic Center Plaza

City: Lompoc State: CA Zip Code: 93436
Telephone: 805-736-2341 Fax: 805-735-8256
Email: b_Brown@ci.lompoc.ca.us

Type of Police Agency:

- ☒ Municipal ☐ State ☐ County PD
☐ Sheriff* ☐ Tribal* ☐ Transit*
☐ School* ☐ University/College* (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify): _____
☐ Other* (please specify): _____

** Agency types with an asterisk next to them must complete the additional questionnaire found in this Application Kit, and submit it along with your application.*

Government Executive's Name: Frank Priore
Title: City Admin. Name of Government Entity: City of Lompoc
Address: 100 Civic Center Plaza

City: Lompoc State: CA Zip Code: 93436
Telephone: 805-736-1261 Fax: 805-736-5347
Email: F_Priore@ci.lompoc.ca.us

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Borough ☐ Township ☐ Territory ☐ Region
☐ Community ☐ Pueblo ☐ Nation ☐ School District
☐ Village ☐ Council
☐ Other (please specify): _____

Contact Information:

Name of contact person in your agency familiar with this grant:

Sergeant Joe BaileyTitle: SergeantTelephone: 805-736-2341 Fax: 805-735-8256Email: J_Bailey@ci.lompoc.ca.us**III. Partner Information**

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. **Please note, you must designate one school official as the school representative under the grant program.**** In the space below, please provide the information for the individual that will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached *COPS in Schools Training Requirement*.

Name of Partner Agency or School District: Lompoc Unified School DistrictSchool Official Name: Debra Bradley Title: Superintendent of SchoolsAddress: 1301 North A StreetCity: Lompoc State: CA Zip Code: 93436Telephone: 805-736-2371 Fax: 805-737-1703

Email: _____

***If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, only one school official per grant award will be permitted to attend the CIS Training.*



COPS in Schools/SSHS 2002 Budget Information

Applicant Legal Name: Lompoc Police Department ORI Code (Assigned by FBI): C A 0 4 2 0 2

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.

OMB Approval Number: 1103-0027

Part I: Complete if your agency is requesting full-time officers

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

1. Cost Per Full-Time Officer - Year 1
Current Annual Entry-Level Base Salary \$ 45,027.00 % of base salary

Annual Fringe Benefits:

*Please refer to Part III, Question 4.

*Social Security \$ 0.00

*Medicare \$ 653.00

Health Insurance \$ 5915.00

Life Insurance \$ 105.00

Vacation \$ 2268.00

Sick Leave \$ 2722.00

Retirement \$ 5096.00

*Worker's Comp. \$ 1954.00

*Unemployment Ins. \$ 77.00

Other Dental \$ 879.00

Other LT Disability \$ 639.00

0 %

1.45 %

13.1 %

.2 %

5.0 %

6.0 %

11.3 %

4.3 %

.2 %

1.9 %

1.4 %

Enter the base annual salary that your department currently pays a new, entry-level officer.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐

Cost for Medicare may not exceed 1.45%. If exempt check here ☐

Costs toward health insurance coverage; please indicate if

this is for Family Coverage ☒ Yes ☐ No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 80

Sick leave costs, if not included in base salary. # of hours annually: 96

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits \$ 20,308.00
Total Year 1 Salary and Benefits \$ 65,335.00

Sum of department fringe benefit costs for Year 1.
Year 1 base salary plus Year 1 fringe benefits.

Applicant Legal Name: Lompoc Police Department

ORI (Assigned by FBD): C A 0 4 2 0 2

2. Cost Per Full-Time Officer – Year 2

Current Annual Entry-Level Base Salary \$ 47,278.00 % of base salary

Annual Fringe Benefits:

*Social Security	\$ <u>0</u> .00	0	%
*Medicare	\$ <u>685</u> .00	1.44	%
Health Insurance	\$ <u>5915</u> .00	12.5	%
Life Insurance	\$ <u>105</u> .00	.2	%
Vacation	\$ <u>2368</u> .00	5.0	%
Sick Leave	\$ <u>2841</u> .00	6.0	%
Retirement	\$ <u>5351</u> .00	11.3	%
*Worker's Comp.	\$ <u>2052</u> .00	4.3	%
*Unemployment Ins.	\$ <u>81</u> .00	.2	%
Other Dental	\$ <u>879</u> .00	1.8	%
Other LT Disability	\$ <u>671</u> .00	1.4	%

Total Fringe Benefits \$ 20,948.00

Total Year 2 Salary and Benefits \$ 68,226.00

3. Cost Per Full-Time Officer – Year 3

Current Annual Entry-Level Base Salary \$ 49,642.00 % of base salary

Annual Fringe Benefits:

*Social Security	\$ <u>0</u> .00	0	%
*Medicare	\$ <u>720</u> .00	1.45	%
Health Insurance	\$ <u>5915</u> .00	11.9	%
Life Insurance	\$ <u>105</u> .00	.2	%
Vacation	\$ <u>2472</u> .00	4.9	%
Sick Leave	\$ <u>2966</u> .00	5.9	%
Retirement	\$ <u>5619</u> .00	11.3	%
*Worker's Comp.	\$ <u>2154</u> .00	4.3	%
*Unemployment Ins.	\$ <u>84</u> .00	.1	%
Other Dental	\$ <u>879</u> .00	1.7	%
Other LT Disability	\$ <u>705</u> .00	1.4	%

Total Fringe Benefits \$ 21,619.00

Total Year 3 Salary and Benefits \$ 71,261.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐
Cost for Medicare may not exceed 1.45%. If exempt check here ☐
Costs toward health insurance coverage; please indicate if this is for Family Coverage ☒ Yes ☐ No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary: # of hours annually: 80

Sick leave costs, if not included in base salary: # of hours annually: 96

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐

Cost for Medicare may not exceed 1.45%. If exempt check here ☐

Costs toward health insurance coverage; please indicate if this is for Family Coverage ☒ Yes ☐ No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary: # of hours annually: 80

Sick leave costs, if not included in base salary: # of hours annually: 96

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

May 3, 2002

Applicant Identifier

OMB Approval No. 0348-0043

JUN 24 2002

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application

☒ Construction

☐ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Ducor Community Services District

Organizational Unit:

Special District

Address (give city, county, State, and zip code):

P.O. Box 187
Ducor, CA 93218

Name and telephone number of person to be contacted on matters involving this application (give area code)

Judy Duncan 559/534-2789 or
Anna Scofield 559/651-1000 ext. 658

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0254861

7. TYPE OF APPLICANT: (enter appropriate letter in box)

G

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- H. Independent School Dist.
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit Organization
- N. Other (Specify) _____

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

- A. Increase Award
- B. Decrease Award
- C. Increase Duration
- D. Decrease Duration
- Other(specify): _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Emergency Community Water
Assistance Grant
TITLE:

10-7763

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Ducor CSD, Tulare County, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Ducor Emergency Water Supply
Construction of a new well and system
improvements to supply water to the
community.

13. PROPOSED PROJECT

Start Date

6/1/02

Ending Date

8/1/02

14. CONGRESSIONAL DISTRICTS OF:

William Thomas

a. Applicant

21

b. Project

21

15. ESTIMATED FUNDING:

a. Federal	\$	500,000.00
b. Applicant	\$	
c. State	\$	
d. Local	\$	3,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	503,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE May 3, 2002

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Grace Castillo

b. Title

President

c. Telephone Number

559/534-2789

d. Signature of Authorized Representative

Grace Castillo

e. Date Signed

May 3, 2002

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4.26.02		3. DATE RECEIVED BY STATE 2/4/2002	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: TEVISTON BETTERMENT ASSOCIATION			Organizational Unit: COMMUNITY		
Address (give city, county, State, and zip code): 12923 AVE 80 PO BOX T TEVISTON, TULARE CO, CA 93256			Name and telephone number of person to be contacted on matters involving this application (give area code): PATRICK BERGLUND Bailey 651-757-3131 x148		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0563034			7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non Profit</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-7166			9. NAME OF FEDERAL AGENCY: USDA, RURAL HOUSING SERVICES		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TEVISTON, TULARE CO, CALIF			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CONSTRUCT ADA ACCESSIBLE PAVED PARKING LOT FOR COMMUNITY FACILITY.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 5/2002	Ending Date 9/2002	a. Applicant District 20, CALVIN DOOLEY			
15. ESTIMATED FUNDING:		b. Project District 20, CALVIN DOOLEY			
a. Federal	\$ 37,562	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
b. Applicant	\$ 544,201	1. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/26/02			
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
g. TOTAL	\$ 581,823	a. Type Name of Authorized Representative ALFRED KING			
		b. Title EXECUTIVE BOARD PRES.		c. Telephone Number 651-757-3131 x148	
		d. Signature of Authorized Representative Alfred King		e. Date Signed 4.26.02	

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Prescribed by OMB Circular A-102

Application for Federal
Assistance

OMB Approval No. 0348-0043	
Applicant Identifier	State Application Identifier
STATE	JUN 24 2002
Federal Identifier	
STATE CLEARING HOUSE	

1. Type of Submission

Application

☐ Construction
☐ Non-Construction

Pre-application

☒ Construction
☐ Non-Construction

2. Date Submitted (mm/dd/yyyy)

/ /

3. Date Received by State (mm/dd/yyyy)

/ /

4. Date Received by Federal Agency (mm/dd/yyyy)

/ /

5. Applicant Information

Legal Name

Poplar Chamber of Commerce

Address (give city, county, State, and zip code)

P.O. Box 3386
 Poplar, CA 93258
 Tulare County

Organizational Unit

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Mike Clark
 (559) 784-5486

6. Employer Identification Number (EIN) (xx-yyy yyy)

7 7 - 0 5 1 4 0 9 3

B. Type of Application:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify)

7. Type of Applicant (enter appropriate letter in box)

N

A. State J. Private University
 B. County K. Indian Tribe
 C. Municipal L. Individual
 D. Township M. Profit Organization
 E. Interstate N. Nonprofit
 F. Inter-municipal O. Public Housing Agency
 G. Special District P. Other (Specify)
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning

9. Name of Federal Agency

Rural Housing Service

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

1 0 - 7 6 6

Title: Community Facilities Grants

11. Descriptive Title of Applicant's Project

Renovation of the community building in Poplar

12. Areas Affected by Project (cities, counties, States, etc.)

Poplar, Tulare County, CA

13. Proposed Project

Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)
 02/01/2002 10/31/2002

14. Congressional Districts of

a. Applicant

21st

b. Project

21st

15. Estimated Funding

a. Federal	\$	20,000.00
b. Applicant	\$	5,000.00
c. State	\$	40,000.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. Total	\$	65,000.00

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:

Date (mm/dd/yyyy) 04/19/2002

b. No ☐ Program is not covered by E.O. 12372or ☐ Program has not been selected by State for review.

17. Is the Applicant Delinquent on Any Federal Debt?

☐ Yes If "Yes," attach an explanation ☒ No

18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Michael D. Clark

b. Title

President

c. Telephone Number (include Area Code)

(559) 784-5486

d. Signature of Authorized Representative

e. Date Signed (mm/dd/yyyy) 4/22/02

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form SF-424 (7/97)
 Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div>																													
		3. DATE RECEIVED BY STATE				4. DATE RECEIVED BY FEDERAL AGENCY																											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> JUN 24 2002 </div>																																	
5. APPLICANT INFORMATION Legal Name: London Community Services District Address (give city, county, State, and zip code): 37835 Kate Road Dinuba, CA 93618				Organizational Unit: <div style="border: 1px solid black; padding: 5px; font-weight: bold;">STATE CLEARING HOUSE</div>																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 77-0024119 </div>				7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">G</div> <table style="width: 100%; border: none;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____														
A. State	H. Independent School Dist.																																
B. County	I. State Controlled Institution of Higher Learning																																
C. Municipal	J. Private University																																
D. Township	K. Indian Tribe																																
E. Interstate	L. Individual																																
F. Intermunicipal	M. Profit Organization																																
G. Special District	N. Other (Specify) _____																																
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____				9. NAME OF FEDERAL AGENCY: USDA Rural Development																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-766 </div> TITLE: Community Facilities Grant				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remodel of District office.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): London, Tulare County				15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">48,750</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">16,250</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">65,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	48,750	.00	b. Applicant	\$	16,250	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	65,000	.00
a. Federal	\$	48,750	.00																														
b. Applicant	\$	16,250	.00																														
c. State	\$.00																														
d. Local	\$.00																														
e. Other	\$.00																														
f. Program Income	\$.00																														
g. TOTAL	\$	65,000	.00																														
13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 2/1/02		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 20th b. Project: 20th																															
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>April 23, 2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Type Name of Authorized Representative Dorothy Castro		b. Title President		c. Telephone Number 559/591-5142																													
d. Signature of Authorized Representative 		e. Date Signed 4-24-02																															

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED	
OMB Approval No. 0348-0043	
JUN 24 2002	
STATE CLEARING HOUSE	

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Woodville Public Utility District			Organizational Unit:		
Address (give city, county, State, and zip code): P.O. Box 4567 Woodville, CA 93258-4567			Name and telephone number of person to be contacted on matters involving this application (give area code) Ralph Gutierrez 559/686-9649 James H. Wegley 559/732-7938		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1545652			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-7666 TITLE: Community Facilities Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Expansion to District Office		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Woodville, Tulare County					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/02	Ending Date 12/1/02	a. Applicant 20th		b. Project 20th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 88,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 17, 2002			
b. Applicant	\$ 32,000	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 120,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Armando Lopez		b. Title President		c. Telephone Number 559/686-9649	
d. Signature of Authorized Representative <i>Armando Lopez</i>				e. Date Signed 4-16-02	

APPLICATION FOR FEDERAL ASSISTANCE

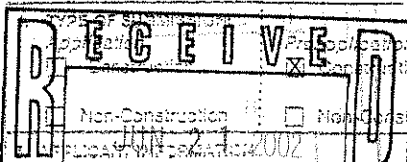
OMB Approval No. 0048-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 21, 2002	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 24 2002 STATE CLEARING HOUSE </div>																												
		3. DATE RECEIVED BY STATE		Applicant Identifier																											
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																											
5. APPLICANT INFORMATION																															
Legal Name: Arcata House, Inc		Organizational Unit: Arcata House																													
Address (give city, county, State, and zip code): 735 12th Street, Suite E Arcata, CA 95521		Name and telephone number of person to be contacted on matters involving this application (give area code): Karen Olson 707-822-4528																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-3163269 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit org.</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> </div>																													
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: HUD																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14-249 </div> TITLE: Continuum of Care: Supportive Housing		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Support for the operation of a 6 bedroom transitional house.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arcata, CA																															
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:																													
Start Date 9/30/02	Ending Date 9/30/05	a. Applicant First (CA)																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 40%;">145,000</td> <td style="width: 10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>75,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>90,000</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>25,000</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>8,000</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>343,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	145,000	.00	b. Applicant	\$	75,000	.00	c. State	\$	90,000	.00	d. Local	\$	25,000	.00	e. Other	\$	8,000	.00	f. Program Income	\$.00	g. TOTAL	\$	343,000	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/21/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	145,000	.00																												
b. Applicant	\$	75,000	.00																												
c. State	\$	90,000	.00																												
d. Local	\$	25,000	.00																												
e. Other	\$	8,000	.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	343,000	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																													
a. Type Name of Authorized Representative Karen L. Olson		b. Title Executive Director	c. Telephone Number 707-822-4528																												
d. Signature of Authorized Representative 		e. Date Signed 6/21/02																													

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Standard Form 42
Prescribed by OMI

APPLICATION FOR FEDERAL ASSISTANCE



2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

Legal Name: **Mariposa County**
STATE CLEARINGHOUSE

Organizational Unit:
Department of Public Works

4639 Ben Hur Road
Mariposa, Ca 95338

Name and telephone number of the person to be contacted on matters involving this application (give area code)

James J. Petropulos
(209) 966-5356

5. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 8 8 0

6. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box) **B**

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify):

8. NAME OF FEDERAL AGENCY:

US Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 7 6 0

TITLE: **Water and Waste Disposal**
Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Construction of Mixed Solid Waste
Composting Facility

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Mariposa County

13. PROPOSED PROJECT:

Start Date

Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

03/03

02/04

19th District

19th District

15. ESTIMATED FUNDING:

a. Federal \$ **1,712,000.00**

b. Applicant \$ **500,000.00**

c. State \$ **.00**

d. Local \$ **.00**

e. Other \$ **.00**

f. Program Income \$ **4,978,869.00**

g. TOTAL \$ **7,190,869.00**

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE **June 18, 2002**

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative
James J. Petropulos

b. Title
Public Works Director

c. Telephone number
(209) 966-5356

d. Signature of Authorized Representative

e. Date Signed

6/18/02

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Standard Form 424 (REV 4-88)
Prescribed by GSA Circular A-102

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		June 13, 2002	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: El Pajaro Community Development Corp.	Organizational Unit:
Address (give city, county, State, and zip code): 23 E. Beach St. # 209 Watsonville, CA 95076	Name and telephone number of person to be contacted on matters involving this application (give area code) Ginger McNally, Executive Director (831) 722-1224

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2656048	7. TYPE OF APPLICANT: (enter appropriate letter in box) N
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non profit</u> <u>Community Development Corp.</u>

9. NAME OF FEDERAL AGENCY: United States Dept Of Agriculture Rural Business-Cooperative ser.
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 110-773 TITLE: <u>RBOG</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pajaro Business Incubator without walls
---	---

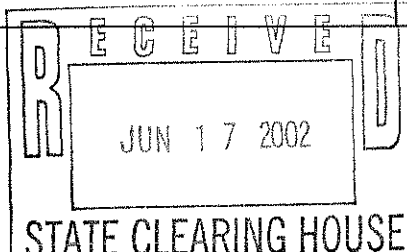
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monterey County In California
--

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date 10/1/02 9/30/03	a. Applicant Sam Farr
15. ESTIMATED FUNDING:	b. Project Sam Farr
a. Federal \$ 50,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
b. Applicant \$ 50,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
c. State \$.00	DATE _____
d. Local \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
e. Other \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 100,000.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative ginger McNally	b. Title Executive Director	c. Telephone Number (831) 722-1224
d. Signature of Authorized Representative 	e. Date Signed 6/13/02	

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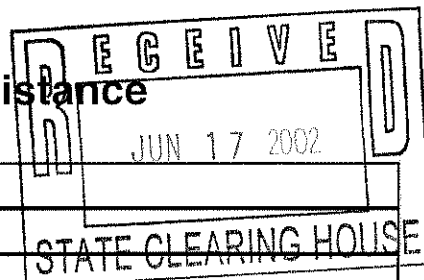


Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5550
Recipient Name:	CITY OF SANTA CLARITA
Project ID:	CA-03-0556-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Construct Admin/Maint Facility

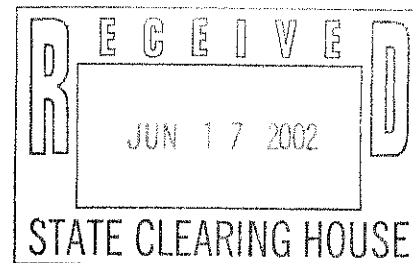
Part 1: Recipient Information

Project Number:	CA-03-0556-00
Recipient ID:	5550
Recipient Name:	CITY OF SANTA CLARITA
Address:	23920 VALENCIA BLVD SUITE 300, SANTA CLARITA, CA 91355 0000
Telephone:	(661) 294-2538
Facsimile:	(661) 294-2517

Union Information

Recipient ID:	5550
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	5550
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Avenue NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5550
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Lousiana Avenue, NW
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	
Facsimile:	(202) 624-8780

Recipient ID:	5550
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	(216) 228-5755

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,935,655
Project Number:	CA-03-0556-00	Adjustment Amt:	\$0
Project Description:	Construct Admin/Maint Facility	Total Eligible Cost:	\$4,935,655
Recipient Type:	City	Total FTA Amt:	\$3,948,524
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Bob Murphy	Total Local Amt:	\$987,131
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2000 - Jun. 30, 2002	Est. Oblig Date:	01-Aug-2000
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	May. 02, 2000	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 23, 1999		
Program Page:	.		

Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon

Project Details

This application to fund the Transit Maintenance Facility project is the same project identified and described in grants CA-03-0534, CA-90-X936 and CA-90-Y068. The FY00 and FY01 Section 5309 funds included in this grant application will complete project design and begin construction. The TIP Project ID for the project is LA973022.

U.S. Department of Labor (DOL) Union Information:

The Amalgamated Transit Union (ATU) Local 1277 and the City of Santa Clarita (City) executed an agreement dated August 3, 1994. The Metropolitan Transportation Police Officers Association (TPOA) and the City executed an agreement dated August 29, 1994. The International Brotherhood of Teamsters (IBT) Local 911 and the City executed an agreement dated August 29, 1994. The IBT Local 572 and the City executed an agreement dated August 31, 1994. The Transportation Communications International Union and the City executed an agreement dated August 31, 1994. The United Transportation Union (UTU) and the City executed an agreement dated August 31, 1994. Each of these agreements provides to employees represented by the unions protections satisfying the requirements of 49 U.S.C, Section 5333 (b).

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK LA973022	2	\$3,948,524	\$4,935,655
ACTIVITY			
11.41.03 ENG/DESIGN - ADMIN/MAINTENANCE FACILITY	1	\$236,000	\$295,000
11.43.03 CONSTRUCT - ADMIN/MAINT FACILITY	1	\$3,712,524	\$4,640,655
Estimated Total Eligible Cost:			
			\$4,935,655
Federal Share:			
			\$3,948,524
Local Share:			
			\$987,131

- R placement Application -

REVISED

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

CITY OF LAGUNA BEACH

Address (give city, county, State, and zip code):

505 FOREST AVENUE
LAGUNA BEACH, CA 92651

Organizational Unit

PUBLIC WORKS DEPARTMENT

Name and telephone number of person to be contacted on matters involving this application (give area code)

FRED SHAHIDI
(949) 497-0345

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6000729

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):**

CHANGING THE PROJECT SCOPE

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

ENVIRONMENTAL PROTECTION AGENCY (EPA)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-606

TITLE:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

CITY OF LAGUNA BEACH - CALIFORNIA

13. PROPOSED PROJECT
SEWER REHAB.

14. CONGRESSIONAL DISTRICTS OF:

47th CONGRESSIONAL DISTRICT

Start Date July 2002
Ending Date June 2003

a. Applicant
CITY OF LAGUNA BEACH

b. Project
SEWER LINES REHABILITATION

15. ESTIMATED FUNDING:

a. Federal	\$ 873,000
b. Applicant	\$ 727,000
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 1,600,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE REVISED 6/10/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
KENNETH FRANK

b. Title
CITY MANAGER

c. Telephone Number
(949) 497-0704

d. Signature of Authorized Representative

e. Date Signed 6/11/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 10, 2002		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> JUN 17 2002 </div>			
		3. DATE RECEIVED BY STATE				Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY				State Application Identifier Federal Identifier	

STATE CLEARING HOUSE

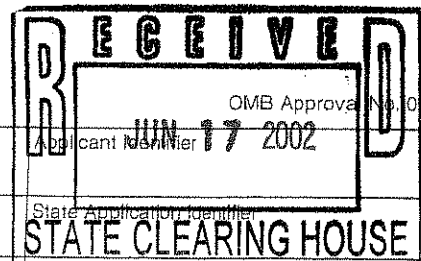
5. APPLICANT INFORMATION Legal Name: State Center Community College District		Organizational Unit: University Center Export Program	
Address (give city, county, State, and zip code): 550 East Shaw Avenue, Suite 250 Fresno, CA 93710		Name and telephone number of person to be contacted on matters involving this application (give area code) Candy Hansen (559) 241-6566	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 1 5 7 4 8 0 2 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) I <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Commerce, Economic Development Admin.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 1 — 3 0 3 </div> TITLE: Economic Development - Technical Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: University Center Export Program State Center Community College District Technical Assistance - University Center Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): See Attached Page			

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/02	Ending Date 6/30/03	a. Applicant 19th	b. Project 3; 15-20; 37& 45

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	110,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	40,000 ⁰⁰	
c. State	\$	⁰⁰	
d. Local	\$	⁰⁰	
e. Other	\$	⁰⁰	
f. Program Income	\$	⁰⁰	
g. TOTAL	\$	150,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Dr. Judith A. Redwine	b. Title Chancellor	c. Telephone Number (559) 226-0720
d. Signature of Authorized Representative		e. Date Signed June 10, 2002

APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 19, 2001	3. DATE RECEIVED BY STATE June 17, 2002																					
5. APPLICANT INFORMATION Legal Name: Acton Waterline Community Improvement District Address (give city, county, State, and zip code): 900 South Fremont Avenue Alhambra, California 91803-1331		Organizational Unit: Dept. of Public Works, County of Los Angeles Name and telephone number of person to be contacted on matters in this application (give area code): José Pou, P.E. (626) 458 - 3962 or jpou@ladpw.org																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000927		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin-left: auto;">B</div>																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Agriculture (USDA)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water & Waste Disposal Loan & Grant TITLE: Pgram 150-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of water supply system, including water distribution lines and storage tank (please see attachments).																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Acton, County of Los Angeles		13. PROPOSED PROJECT Start Date: 4/1/02 Ending Date: 12/30/02																						
14. CONGRESSIONAL DISTRICTS OF: congressional District 25		15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">3,500,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">3,500,000.00</td> </tr> </table>		a. Federal	\$	3,500,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	3,500,000.00
a. Federal	\$	3,500,000.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	3,500,000.00																						
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Patrick V. DeChellis, P.E.		b. Title Assistant Deputy Director																						
c. Telephone Number (626) 458 - 3900		d. Signature of Authorized Representative 																						
e. Date Signed 11/20/01		Previous Edition: _____ Authorized for Local Reproduction																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/14/2002	Applicant Identifier LOIC273
3. DATE RECEIVED BY STATE 		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Regents of the University of California Address (give city, county, state, and zip code): c/o Sponsored Projects Office 336 Sproul Hall University of California Berkeley, CA 94720-7360		Organizational Unit: Center for Occupational and Environmental Health Name and telephone number of the person to be contacted on matters involving this application (give area code): David Garcia (Admin) (510)643-3391 Katharine Hammond (Technical) (510)643-0289
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 2 1 2 3 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) I <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ </div> </div>
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div>	9. NAME OF FEDERAL AGENCY:
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;"> 10 - 1000 </div> TITLE: Public Health Conference Grant Support	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shifting Risk in Environmental and Occupational Health Policy: Toward an Integrated Model of Regulation
---	--

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): California and U.S.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 21 2002 STATE CLEARING HOUSE </div>
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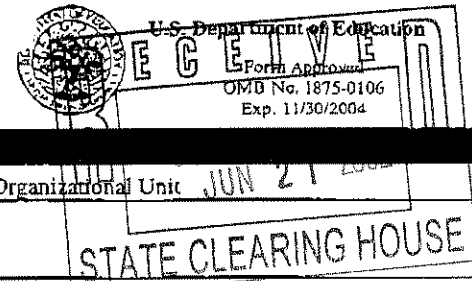
13. PROPOSED PROJECT: Start Date Ending Date 01/01/2003 05/31/2003	14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> a. Applicant 9th </div> <div style="width: 48%;"> b. Project 9th </div> </div>
---	---

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:60%; text-align: right;">22,357.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">22,357.00</td> </tr> </table>	a. Federal	\$	22,357.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	22,357.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/14/2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$	22,357.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	22,357.00																				

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative David Garcia	b. Title Senior Research Administrator	c. Telephone number (510) 643-3391
d. Signature of Authorized Representative 	e. Date Signed JUN 14 2002	

Application for Federal Education Assistance (ED 424)



Applicant Information

1. Name and Address

Legal Name: San Diego State University Foundation
Address: 5250 Campanile Drive

San Diego

City

CA

State

San Diego

County

92182 - 1931

ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 3 3 7 1 3 4 6

3. Applicant's T-I-N

9 5 - 6 0 4 2 7 2 1

4. Catalog of Federal Domestic Assistance

8 4 3 1 5

Title: Capacity Building for Traditionally
Underserved Populations - Priority 4

5. Project Director: Bobbie J. Atkins, Ph.D.

Address: 3590 Camino Del Rio North

San Diego

City

CA

State

92108

ZIP Code + 4

Tel #: (619) 594-1569 Fax #: (619) 594-0991

E-Mail Address: batkins@mail.sdsu.edu

6. Novice Applicant

☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

8. Type of Applicant (Enter appropriate letter in the box)

I

A State

G Public College or University

B Local

H Private, Non-profit College or University

C Special District

I Non-profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

Application Information

9. Type of Submission:

— PreApplication

— Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 6/21/2002

☐ No (If "No", check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a) ☒ No (Go to item 13)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #, if available):

13. Descriptive Title of Applicant's Project:

Project Success: Capacity Building for
Minority Entities and Indian Tribes

11. Proposed Project Dates:

Start Date:

10/1/2002

End Date:

9/30/2005

Estimated Funding

14a. Federal	\$	225,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	225,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Lawrence B. Feinberg, Ph.D.

b. Title

Associate Vice President, Res & Technology

c. Tel #: (619)594-5938

Fax #: (619)594-4109

d. E-Mail Address: lfeinberg@mail.sdsu.edu

e. Signature of Authorized Representative

Date:

6/21/02

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 06/14/02	OMB Approval No. 0348-0043
Application Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication Construction Non-Construction	3. DATE RECEIVED BY STATE	Applicant Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	State Application Identifier JUN 21 2002
			Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Sweetwater Authority		Organizational Unit:	
Address (give city, county, State, and zip code): P.O. Box 2328 Chula Vista, CA 91912-2328		Name and telephone number of person to be contacted on matters involving this application (give area code) Mary Ann Mann, (619) 475-9047 extension 102	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2759399		7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: U.S. Safe Drinking Water Act Section 1442		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chula Vista, National City, and Bonita; San Diego County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ambient monitoring of air, water, and sediment quality at reservoir operated by Sweetwater Authority	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 07/01/02	Ending Date 10/31/03	a. Applicant District 50 (Filner)	b. Project Districts 50 (Filner) and 52 (Hunter)
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 500,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/14/02	
b. Applicant	\$	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 500,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dennis Bostad		b. Title Operations Manager	c. Telephone Number (619) 420-1413
d. Signature of Authorized Representative <i>Dennis Bostad</i>		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
---	--	---	--

RECEIVED
 JUN 21 2002

5. APPLICANT INFORMATION Legal Name: INTERNATIONAL AGRI-CENTER, INC. Address (give city, county, State, and zip code): 4450 SOUTH LASPINA ST. TULARE TULARE COUNTY CA 93274-9539		Organizational Unit: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> STATE CLEARING HOUSE </div> Name and telephone number of person to be contacted on matters involving this application (give area code): GARY SCHULZ 559 688-1751
---	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-2381416 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) NON-PROFIT </div> </div>
---	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: US DEPT. OF AG. Rural Development
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-769 </div> TITLE: RBEG	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of multi use Facility to house meetings, conferences, special events, training seminars for rural small businesses.
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County, CA	
--	--

13. PROPOSED PROJECT Start Date Ending Date a. Applicant 07/01/2002 02/01/2003 ZIS	14. CONGRESSIONAL DISTRICTS OF: b. Project 19th, 20th, & 21st
--	---

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;">500,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">500,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,000,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	500,000	.00	b. Applicant	\$	500,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,000,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/11/2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	500,000	.00																											
b. Applicant	\$	500,000	.00																											
c. State	\$.00																											
d. Local	\$.00																											
e. Other	\$.00																											
f. Program Income	\$.00																											
g. TOTAL	\$	1,000,000	.00																											

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative GARY SCHULZ	b. Title General Manager	c. Telephone Number 559 688-1751
d. Signature of Authorized Representative 	e. Date Signed 04/16/2002	

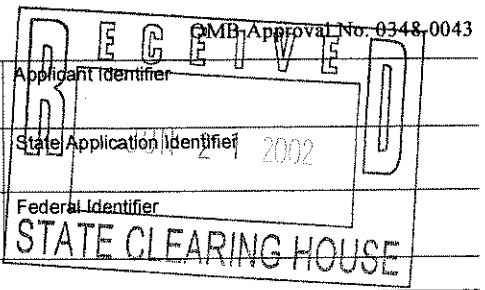
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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

Application for Federal Assistance



1. Type of Submission Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) / /	Applicant Identifier []
	3. Date Received by State (mm/dd/yyyy) / /	State Application Identifier 2002
	4. Date Received by Federal Agency (mm/dd/yyyy) / /	Federal Identifier []

5. Applicant Information Legal Name International Agri-Center, Inc		Organizational Unit []
Address (give city, county, State, and zip code) 4450 S. Laspina Tualre, CA 93274-0539		Name and telephone number of the person to be contacted on matters involving this application (give area code) Gary Schulz 559 688-1751

6. Employer Identification Number (EIN) (xx-yyy-yy-yy-yy-yy) 9 4 - 2 3 8 1 4 1 6	7. Type of Applicant (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div>
--	---

B. Type of Application:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es): ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify)

10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: RBEG 10 - 769	11. Descriptive Title of Applicant's Project Construction of multi use facility to house meetings, special events, conferences, training and seminars for rural small businesses.
12. Areas Affected by Project (cities, counties, States, etc.) Tulare County, CA	

13. Proposed Project Start Date (mm/dd/yyyy) 07/01/2002 Ending Date (mm/dd/yyyy) 02/01/2003	14. Congressional Districts of a. Applicant 21st b. Project 19th, 20th & 21st.
--	---

15. Estimated Funding <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>500000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>500000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td>1000000.00</td> </tr> </table>	a. Federal	\$	500000.00	b. Applicant	\$	500000.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. Total	\$	1000000.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 04/11/2002 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
a. Federal	\$	500000.00																				
b. Applicant	\$	500000.00																				
c. State	\$	0.00																				
d. Local	\$	0.00																				
e. Other	\$	0.00																				
f. Program Income	\$	0.00																				
g. Total	\$	1000000.00																				
17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No																						

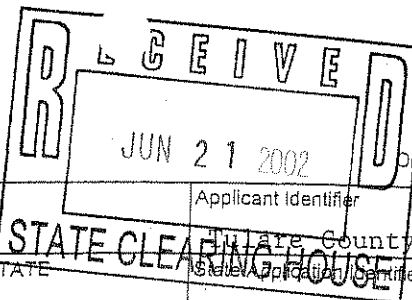
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative Gary Schulz	b. Title General Manager	c. Telephone Number (include Area Code) (5 5 9) 6 8 8 - 1 7 5 1
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 01/16/2002

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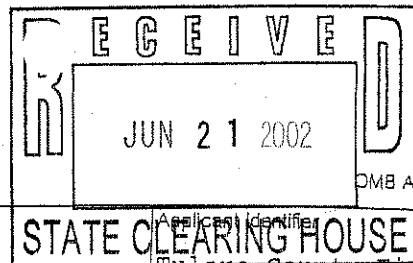
form SF-424 (7/97)
 Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE



OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED Applicant Identifier Tulare County Fire Dept. 3. DATE RECEIVED BY STATE State Application Identifier 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier																																				
5. APPLICANT INFORMATION																																						
Legal Name: Tulare County		Organizational Unit: Fire Department																																				
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292		Name and telephone number of person to be contacted on matters involving this application (give area code): Lisa Marrone (559) 732-5954																																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">B</div>																																				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture																																				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S.P.A.C.E. Safety, Plumbing, Access, and Conservation of Energy																																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County communities of Pixley, Terra Bella, Tipton, Woodville, and Cutler.		JUN 21 2002 STATE CLEARING HOUSE																																				
13. PROPOSED PROJECT Start Date: 10-1-02 Ending Date: 9-30-03																																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 20 b. Project: District 20		15. ESTIMATED FUNDING:																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">50,000</td> <td style="width:10%; text-align: right;">38</td> <td style="width:10%; text-align: right;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">16,912</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">67,650</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> </table>		a. Federal	\$	50,000	38	00	b. Applicant	\$	16,912	00	00	c. State	\$	00	00	00	d. Local	\$	00	00	00	e. Other	\$	00	00	00	f. Program Income	\$	00	00	00	g. TOTAL	\$	67,650	00	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-15-02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	50,000	38	00																																		
b. Applicant	\$	16,912	00	00																																		
c. State	\$	00	00	00																																		
d. Local	\$	00	00	00																																		
e. Other	\$	00	00	00																																		
f. Program Income	\$	00	00	00																																		
g. TOTAL	\$	67,650	00	00																																		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																				
a. Type Name of Authorized Representative David Hillman		b. Title Chief																																				
c. Telephone Number (559) 732-5954		e. Date Signed 4/18/02																																				



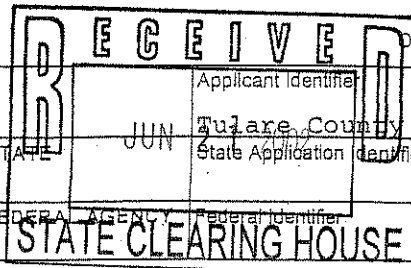
OMB Approval No. 0348-004

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4-25-2002	3. DATE RECEIVED BY STATE Tulare County Fire Department
5. APPLICANT INFORMATION Legal Name: Tulare County Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, CA 93292		4. DATE RECEIVED BY FEDERAL AGENCY	State Application Identifier Federal Identifier
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <input checked="" type="checkbox"/> B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: M.E.C.C.A. Meeting room and Energy-efficiency for Community Conference and Access	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart, Tulare County, CA		13. PROPOSED PROJECT Start Date: 10-1-02 Ending Date: 9-30-03	
14. CONGRESSIONAL DISTRICTS OF: District 20		15. ESTIMATED FUNDING: a. Federal \$ 12,100 b. Applicant \$ 9,900 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 22,000	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-25-2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David Hillman		b. Title Chief	
c. Telephone Number (559) 732-5954		d. Signature of Authorized Representative 	
e. Date Signed 4/15/02			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043



1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4-25-2002	Applicant Identifier Tulare County Fire Department																					
5. APPLICANT INFORMATION Legal Name: <u>Tulare County</u> Address (give city, county, State, and zip code): <u>1968 South Lovers Lane</u> <u>Visalia, CA 93292</u>		3. DATE RECEIVED BY STATE JUN 27 2002	State Application Identifier																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">94-60005145</div>		4. DATE RECEIVED BY FEDERAL AGENCY JUN 27 2002																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;">10-766</div>		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Earlimart, Tulare County, CA</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>M.E.C.C.A.</u> <u>Meeting room and Energy-efficiency for</u> <u>Community Conference and Access</u>																						
13. PROPOSED PROJECT Start Date: <u>10-1-02</u> Ending Date: <u>9-30-03</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>District 20</u> b. Project <u>District 20</u>																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>12,100.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>9,900.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>22,000.00</td> </tr> </table>		a. Federal	\$	12,100.00	b. Applicant	\$	9,900.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	22,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>4-25-2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	12,100.00																						
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d. Local	\$	0.00																						
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f. Program Income	\$	0.00																						
g. TOTAL	\$	22,000.00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
a. Type Name of Authorized Representative <u>David Hillman</u>		b. Title <u>Chief</u>																						
c. Telephone Number <u>(559) 732-5954</u>		d. Signature of Authorized Representative 																						
e. Date Signed <u>4-15-02</u>																								

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 18, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CSU, Chico Research Foundation	Organizational Unit:
Address (give city, county, State, and zip code): Kendall Hall, Room 114 CSU, Chico Chico, CA 95929-0870	Name and telephone number of person to be contacted on matters involving this application (give area code) Contract: Jeff Wright Program: Warren Jensen (530) 898-5700 (530) 898-4598

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68 — 0386518

7. TYPE OF APPLICANT: (enter appropriate letter in box) I

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
U.S. Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10 — 769
TITLE: USDA RBOG

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Increasing Rural Employment Through the Introduction of High Solids Anaerobic Digester Technology in a Rural Section of the Sacramento Valley

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Colusa, Glenn, Sutter and Yuba counties

13. PROPOSED PROJECT

Start Date 7/1/02	Ending Date 10/31/02	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second	b. Project Second
----------------------	-------------------------	---	----------------------

15. ESTIMATED FUNDING:

a. Federal	\$	50,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	50,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 06/18/02
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Jeff Wright	b. Title Director, Sponsored Programs	c. Telephone Number (530) 898-5700
d. Signature of Authorized Representative	e. Date Signed 6/18/02	

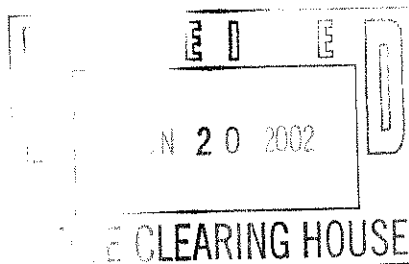


Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City Of Inglewood		Organizational Unit: Economic & Business Development	
Address (give city, county, State, and zip code): One Manchester Blvd. 5th Fl. Inglewood, CA 90301		Name and telephone number of person to be contacted on matters involving this application (give area code) Richard McNish (310) 412-5699	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000728		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-303 TITLE: Local Technical Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TA Grant to prepare economic development plan for land development reuse and transportation needs for traffic corridors in the City and adjoining LAX International Airport.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Inglewood, LA County, State of Calif.			
13. PROPOSED PROJECT Start Date: 07-01-02 Ending Date: 6-30-03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 36th b. Project: 36th	
15. ESTIMATED FUNDING: a. Federal \$ 175,000 b. Applicant \$ 75,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 250,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative c. Jerry M. Givens		b. Title Deputy City Administrator	
d. Signature of Authorized Representative		c. Telephone Number (310) 412-5301	
		e. Date Signed 02-28-02	

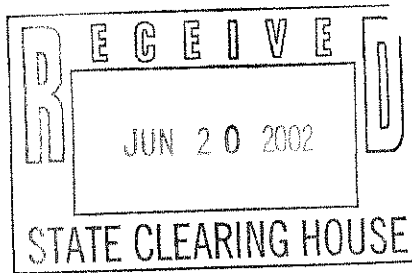


Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City Of Inglewood			Organizational Unit: Economic & Business Development		
Address (give city, county, State, and zip code): One Manchester Blvd. 5th Fl. Inglewood, CA 90301			Name and telephone number of person to be contacted on matters involving this application (give area code) Richard McNish (310) 412-5699		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000728			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: Economic Development Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-303 TITLE: Local Technical Assistance			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TA Grant to prepare economic development plan for land development reuse and transportation needs for traffic corridors in the City and adjoining LAX International Airport.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Inglewood, LA County, State of Calif.					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 07-01-02	Ending Date 6-30-03	a. Applicant 36th		b. Project 36th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 175,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE			
b. Applicant	\$ 75,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 250,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative c. Jerry M. Givens		b. Title Deputy City Administrator		c. Telephone Number (310) 412-5301	
d. Signature of Authorized Representative				e. Date Signed 02-28-02	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		6-18-02	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Circuit Rider Productions, Inc.			
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
9619 Old Redwood Hwy. Windsor, CA 95492		Katherine Gledhill Env. Ed. Coord. kgledhill@corpinc.org (707) 838-6641 ext. 241 707 838-4503 FAX	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
94-2345807		<input checked="" type="checkbox"/> N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-Profit 501 (c) 3	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		NOAA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE: Habitat Conservation 11-463 STATE CLEARING HOUSE Sonoma County		Riparian Restoration and Environmental Education in the Russian River Watershed	
12. AREAS AFFECTED BY PROJECT (Federal, State, Local, etc.):			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	
7-01-02	12-31-03	Congressional Dist. 1	
15. ESTIMATED FUNDING:		b. Project	
a. Federal	\$	Congressional District 1 and 6	
	\$40,000		
b. Applicant	\$		
c. State	\$		
	42,574		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$		
	82,574		
		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6-19-02	
		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Wes Winter		Executive Director	(707) 838-6641
d. Signature of Authorized Representative		e. Date Signed	
[Signature]		6-14-02	

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED	
OMB Approval No. 0348-0043	
Applicant Identifier	JUN 19 2002
State Application Identifier	
Federal Identifier	
STATE CLEARING HOUSE	

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		June 14, 2002	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Association of Bay Area Governments	Organizational Unit: San Francisco Estuary Project
Address (give city, county, State, and zip code): P.O. Box 2050 Oakland, CA 94604-2050	Name and telephone number of person to be contacted on matters involving this application (give area code) 510-464-7910 Eugene Y. Leong, Executive Director

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2832478	7. TYPE OF APPLICANT: (enter appropriate letter in box)
	<input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) <u>local govt.</u>
8. TYPE OF APPLICATION:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
If Revision, enter appropriate letter(s) in box(es)	
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration Other (specify):	

9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency Region 9
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Clean Water Act TITLE: Sect. 320 National Estuary Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Francisco Estuary Project: Implementation of Comprehensive Conservation and Management Plan (CCMP)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alameda, Contra Costa, Marin, Napa, Sonoma, Sacramento, Santa Clara, San Francisco, San Joaquin, San Mateo, Yolo	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 9/1/02 Ending Date: 12/31/03	a. Applicant: 9 b. Project: 1-3, 6-10, 12-16

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 410,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 14, 2002	
b. Applicant	\$ 18,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 410,000		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 838,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Eugene Y. Leong	b. Title Executive Director	c. Telephone Number 510-464-7910
d. Signature of Authorized Representative <i>Eugene Y. Leong</i>		e. Date Signed 6-13-02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 18, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: UKIAH SUMMERCREEK ASSOCIATES, A CALIFORNIA	Organizational Unit: LIMITED PARTNERSHIP
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653	Name and telephone number of person to be contacted on matters involving this application (give area code): Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Partnership</u>

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1
0
—
4
1
5

TITLE: Rural Rental Housing Section 515 (RRH-515)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 SUMMERCREEK VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 24 2-bdrm, 32 3-bdrm, & 8 4-bdrm units to be built on 4.7 acres located at 735 Porzio Lane in Ukiah, Mendocino County, California.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Ukiah, Mendocino County, California

13. PROPOSED PROJECT <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">Start Date</td> <td style="width:20%;">Ending Date</td> <td style="width:60%;">a. Applicant</td> </tr> <tr> <td>9/1/02</td> <td>5/1/03</td> <td>District #1</td> </tr> </table>	Start Date	Ending Date	a. Applicant	9/1/02	5/1/03	District #1	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">b. Project</td> <td style="width:80%;">District #1</td> </tr> </table>	b. Project	District #1
Start Date	Ending Date	a. Applicant							
9/1/02	5/1/03	District #1							
b. Project	District #1								

15. ESTIMATED FUNDING:

a. Federal	\$	125,000	.00
b. Applicant	\$	194,496	.00
c. State	\$	410,332	.00
d. Local	\$	1,000,000	.00
e. Other	\$	1,130,000	.00
f. Program Income	\$		.00
g. TOTAL	\$	2,859,828	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

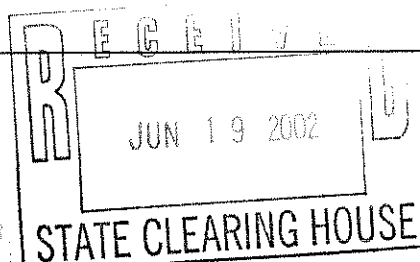
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC	b. Title General Partner	c. Telephone Number (208) 461-0022
d. Signature of Authorized Representative 		e. Date Signed 6-18-02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



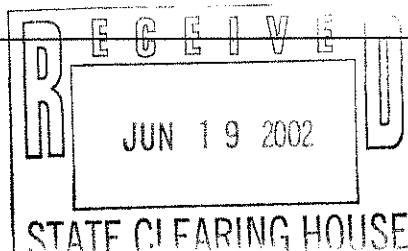
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 18, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: ARCATA HUMBOLDT ASSOCIATES, A CALIFORNIA		Organizational Unit: LIMITED PARTNERSHIP	
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px 5px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u> </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; padding: 2px;">1 0 - 4 1 5</div> TITLE: Rural Rental Housing Section 515 (RRH-515)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: THE COURTYARDS AT ARCATA - Affordable rental housing apartment project - 64 total units consisting of 8 1-bdrm, 20 2-bdrm, 28 3-bdrm, & 8 4-bdrm units to be built on 5.69 acres At 1101 Guintoli Lane in Arcata, Humboldt County, California.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arcata, Humboldt County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/1/02	Ending Date 5/1/03	a. Applicant District #1	b. Project District #1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 125,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 125,863 ⁰⁰		
c. State	\$ 294,435 ⁰⁰		
d. Local	\$ 350,000 ⁰⁰		
e. Other	\$ 880,000 ⁰⁰		
f. Program Income	\$ _____ ⁰⁰		
g. TOTAL	\$ 1,775,298 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner	
c. Telephone Number (208) 461-0022		e. Date Signed 6-18-02	
d. Signature of Authorized Representative 			

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



Application for Federal Education Assistance (ED 424)

Applicant Information



1. Name and Address

Legal Name: Students In Business, Inc.Address: 4588 Peralta Blvd., Ste. 17Fremont

City

CA

State

Alameda

County

94536

ZIP Code + 4

2. Applicant's D-U-N-S Number

8 8 3 8 2 8 0 2 2

3. Applicant's T-I-N

9 4 - 3 1 6 5 6 4 0

4. Catalog of Federal Domestic Assistance

8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: Sherry Jennings-KingAddress: 4588 Peralta Blvd., Ste. 17Fremont

City

CA

State

94536

ZIP Code + 4

Tel. #: 510-795-6488Fax #: 510-795-6498x6174E-Mail Address: sherryjk@beamentor.org

STATE CLEARING HOUSE

6. Novice Applicant

☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a.

Are all the research activities proposed designated to be exempt from the regulations?

☐Yes (Provide Exemption(s) #): N/A☐No (Provide Assurance #): N/A

13. Descriptive Title of Applicant's Project:

The Be A Mentor Program

11. Proposed Project Dates:

Start Date:

10/1/02

End Date:

9/30/04

Estimated Funding

14a. Federal	\$ 199,956	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 199,956	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Robert Goetsch

b. Title

Executive Directorc. Tel. # 510-795-6488Fax #: 510-795-6498

d. E-Mail Address:

goetsch@beamentor.org

e. Signature of Authorized Representative

6/18/02
Date:

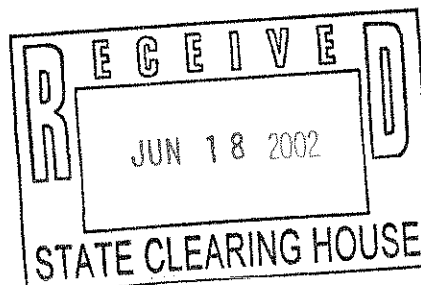
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/20/02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Tri-County Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 2540 Esplanade, Ste. 7 Chico, CA 95973		Name and telephone number of person to be contacted on matters involving this application (give area code): Marc Nemanic 530-893-8732	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) EDD	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302 Economic Development Support for Title: Planning organization		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of long-range economic development program designed to encourage new employment opportunities and to foster a stable and diversified local economy and improved local conditions so as to alleviate the substantial unemployment/underemployment in the Tri-County region of Butte, Glenn & Tehama	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn & Tehama Counties and the Incorporated Cities Therein		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2		b. Project 2	
15. ESTIMATED FUNDING: a. Federal \$ 67,000.00 b. Applicant \$ c. State \$ d. Local \$ 22,333.00 e. Other \$ f. Program Income \$ g. TOTAL \$ 89,333.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/18/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Marc Nemanic		b. Title Executive Director	
c. Telephone Number 530-893-8732		d. Signature of Authorized Representative	
e. Date Signed 6/18/02			

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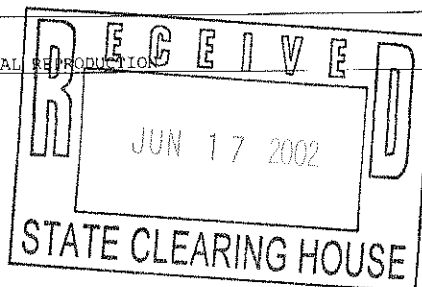
APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

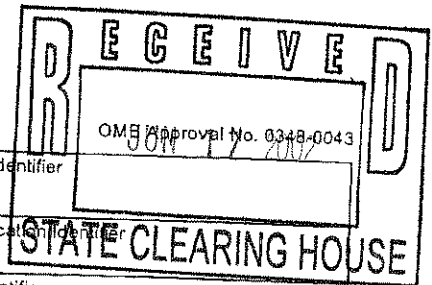
1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application		3. Date Received by State	State Application Identifier
Preapplication		4. Date Rec'd by Fed Agency	Federal Identifier
Construction			NW 989803
Nonconstruction			
5. APPLICANT INFORMATION			
Legal Name		Organizational Unit	
State Water Resources Control Board		San Francisco Regional Water Quality Control Board	
Address (give city, county, state, and zip code):		Name and telephone of person to be contacted on matters involving this application (give area code):	
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Marcia Brockbank (510) 622-2325	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>A</u>	
6 8 0 2 8 1 9 8 6		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		U.S. Environmental Protection Agency	
If Revision, enter appropriate letter(s) in box(es): <u>A</u> <u>C</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):		The San Francisco Estuary Project's purpose is to oversee and track the implementation of a coordinated and comprehensive strategy for preserving, restoring and enhancing the Bay-Delta Estuary.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER		12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc)	
6 6 1 4 5 6		San Francisco Bay area	
TITLE: National Estuary Program		14. CONGRESSIONAL DISTRICT OF:	
13. PROPOSED PROJECT		a. Applicant	
Start Date	Ending Date	b. Project	
12/31/02	12/31/03	3 California--All	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: June 17, 2002	
b. Applicant	\$.00	b. NO: <input type="checkbox"/> Program is not covered by EO 12372.	
c. State	\$ 100,000.00	<input type="checkbox"/> Or program has not been selected by state for review.	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 200,000.00	a. Typed Name of Authorized Representative	
		b. Title	
		c. Telephone Number	
		Executive Director	
		(916) 341-5615	
		d. Signature of Authorized Representative	
		e. Date Signed	

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Standard Form 424 (Rev 7-97)
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APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 5, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Colusa Regional Medical Center, Inc.		Organizational Unit: Colusa Hospital	
Address (give city, county, State, and zip code): 199 E. Webster Street Colusa, California 95932		Name and telephone number of person to be contacted on matters involving this application (give area code): Brady Myers (530) 458-5464	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 31-1750849		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA, Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency repairs to the hospital. The roof was being worked on and a unseasonal severe storm damaged the building. The hospital was evacuated.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Colusa County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/1/02	Ending Date 8/1/02	a. Applicant Colusa Regional Medical Center	
		b. Project Emergency Hospital Repairs	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/17/02	
b. Applicant	\$ 100,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 200,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Brady Myers		b. Title President	
c. Telephone Number (530) 458-5464		e. Date Signed 6/12/02	
d. Signature of Authorized Representative 			